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THE NEWSWEEKLY FOR PHARMACY

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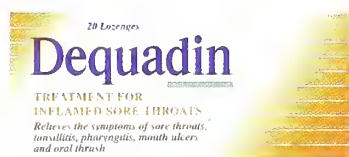
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Product Information. Dequadin. Throat lozenge contains Dequalinium Chloride BP 0.25mg. **Indications:** For local therapy of most of the common infections of the mouth, including: Vincent's angina, pharyngitis, sore throats, tonsillitis, stomatitis, aphthous ulcers, thrush, glossitis. **Dosage:** Adults & Children over 10 years: One lozenge to be sucked every two to three hours up to a maximum of 8 in one day. Do not exceed the stated dose. **Contraindications:** Hypersensitivity to any of the ingredients. Children under 10 years of age. **Precautions:** If symptoms persist consult your doctor. **Undesirable effects:** Occasional hypersensitivity reactions and soreness of the tongue. **Legal Classification:** P. **Licence Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Licence No:** PL 00327/0067. **Price:** £1.89 pack of 20. £3.19 pack of 40. **Date of preparation:** July 1999.



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REGULARS

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COMMENT

Just why medicines are not 'ordinary items of commerce' has been graphically illustrated this week with the national media trumpeting the alleged dangers of phenylpropanolamine (PPA) in OTC medicines (see p8 and p10). Because OTC products containing PPA are Pharmacy medicines, prompt action by pharmacists, coupled with their ability to advise patients of the true nature of the problem, will have gone a long way towards putting this health scare in perspective. Let's hope the lesson has not been lost on Mr Justice Lightman sitting in judgment on RPM in the Restrictive Practices Court. Pharmacists are all too aware that, in taking any medicine, the potential benefit has to be balanced against the risk, and the wider the availability of the medicine, the safer it needs to be. Although public safety must be the key determinant, is the FDA's decision to remove PPA as an ingredient in OTC and prescription products applicable in the UK? The US decision is based on one study which estimates that there is a risk of stroke in one in 107,000 women who use products containing PPA as an appetite suppressant. No men in the study used PPA as an appetite suppressant and those who used it as a cough or cold remedy showed no increased risk of stroke. The recommended maximum daily dose in the US is 50 per cent higher than that in the UK. In the UK 'appetite suppression' is not a recognised OTC indication. The MCA and the PAGB have already been 'on the case' as far as PPA is concerned. All PPA-containing OTC products advise purchasers to consult their pharmacist if they are taking prescribed medicines because it is recognised that an overdose of PPA can raise blood pressure and increase the risk of stroke. This is a situation where pharmacists can demonstrate their value in the self-medication sector. They can use that special position that they enjoy to provide the right advice. They can make sure counter staff are fully briefed and can sensibly respond to worried customers, and use those sales protocols that the Society insist on to ensure customers are not put at risk.

A fresh look at late calls

A new report focuses on out-of-hours dispensing

First draft for herbal Directive

The European Commission turns its gaze to herbal remedies

Hospital cuts drugs bill by £100,000

St Thomas's Hospital has saved £100,000 by encouraging patients to use their own medicines

Phenylpropanolamine: review of use in UK

Action by the US FDA to remove PPA from all drugs products leads to UK review

NCC: fighting fit for the millennium

National Co-operative Chemists initiatives include a web site and a new corporate identity

Nutrition and health: the sexual divide

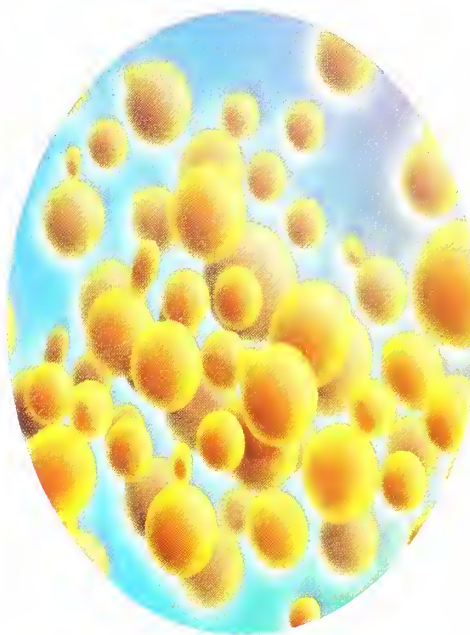
One man's optimal nutrition may be a woman's imperfect diet

VMS: harnessing their growth potential

Growing health awareness and an interest in natural healthcare are key drivers in the VMS market

C&D/Seven Seas seminar

How beneficial bacteria can help the body fight infections, and probiotics in practice



Ring in painful changes

The imminent re-engineering of hospital pharmacy will be a painful process, a recent conference heard

Boots cuts costs, not pharmacists

Disappointing half year will not cause the axe to fall on the heads of pharmacists, the company says

Head to head: To be or not to be... a pharmacist

Should the new editor of the *Pharmaceutical Journal* be a pharmacist? C&D looks at both sides



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RPM: expert witnesses start to testify

The Resale Price Maintenance court case has moved on to hearing expert witnesses following a long period of industry witnesses and witnesses of fact being heard in camera. Both Lord Peston and Proprietary Association of Great Britain director Sheila Kelly were due to appear this week. Ms Kelly said she expected to be questioned on areas such as the industry market and P/GSL medicines distribution.

Representatives from Asda, Superdrug, and Morrisons have been cross-examined, again in camera. The Consumers' Association has been questioned on studies of pharmacy services it has conducted.

Written evidence submitted by the witnesses of fact - NPA director John D'Arcy, CPAG chairman David Sharpe and community pharmacists - has been accepted by the OFT, so is unlikely to be heard in Court.

The hearing is currently scheduled to carry on into the first week of December, with a week's break.

A fresh look at late calls

The supply of medicines for patients seen by GPs during out-of-hours calls is "confused, complex and inconsistent" and a new approach is "long overdue", according to the expert team whose recommendations have been accepted by the Government.

As a result of the report, limits on the medicines that can be supplied at primary care centres are to be widened to reduce pressure on community pharmacists.

The proposal was contained in the report - 'Raising the Standards for Patients: New Partnerships in Out of Hours Care' - which recommends making NHS Direct the main gateway for all out-of-hours calls by patients.

The review team said some out-of-hours providers, working in partnership with a local community pharmacist, had attempted to develop a service, under which the primary care centre could carry a larger formulary of drugs, only to be told that the current regulations prohibit this.

"Changing those regulations is one of the steps that will have to be taken to implement a 'one stop' approach," said the team. The report estimates

that the burden on out-of-hours providers could be reduced by half by allowing NHS Direct to become the main gateway to out-of-hours care.

The main recommendations were:

- other than in exceptional circumstances, patients should be able to receive the medication they need at the same time and in the same place as the out-of-hours consultation

- the existing remuneration and contractual arrangements for out-of-hours providers and pharmaceutical services should be reviewed

- 'Items of Service' payments should cease, and these monies should be redistributed, taking proper account of the differential demands on practices for out-of-hours services

- all out-of-hours providers must be members of Local Winter Planning Groups and Emergency Care Liaison Groups - these groups must include the Local Pharmaceutical Committee

- GPs who do not delegate responsibility for their out-of-hours services should be able to access the Out-of-Hours Quality Fund, provided that they are able to report compliance with the Quality Standards

- the Out-of-Hours Development Fund should be renamed the Out-of-Hours Quality Fund, allocated and administered by PCTs as part of their overall planning of out-of-hours provision, within a three-year rolling funding allocation. Any expenditure which serves to support, improve and maintain the quality of out-of-hours service provision should be a legitimate call on that fund

- the GP 'contract' should be modified to allow a GP to devolve responsibility for the out-of-hours element to an accredited organisation with appropriate indemnity cover. If that organisation fails to meet appropriate standards of service delivery and care, the Health Authority should, in the last resort, return 24-hour responsibility to the GP.

The report is available at: www.doh.gov.uk/pricare/oobreport.htm

Rural retailers form Alliance

The Rural Shops Alliance has been set up to look after the interests of rural retailers and make sure their interests are represented to government.

Director Peter Jones said the alliance would aim to give not only pharmacists, but village shopkeepers generally, a stronger voice.

The annual membership fee from April 1 - March 31 is £400, or £33 a month for the part year of joining. Benefits are said to be the opportunity to work with other interested bodies for the development of the rural retailer, and the chance to participate in workshops on relevant issues.

The main office is at The Little Keep, Bridport Road, Dorchester, Dorset DT1 1SQ (tel: 01305 259383; e-mail: visa@ruralnet.org.uk).

Funding for out-of-hours pharmacy service cut

Croydon pharmacists are claiming that a proposed £50,000 funding for an out-of-hours pharmacy service for a walk-in centre has been withdrawn.

Discussions had been continuing over the past year for nine pharmacies within ten minute's walk of the WIC to provide the service on a week-long rota basis. At the start of last month, the NHS Executive informed the health authority that the funding would not be available, even though the WIC is expected to open in December.

Croydon Local Pharmaceutical Committee secretary Andrew McCoig is particularly aggrieved that the decision to withdraw funding, which had been "approved in principle at the outset" a year ago, was made without consulting the pharmacists and with no reason being given as to why the money would no longer be available. He has as yet received no response to a letter he sent NHSE on October 11.

"Our understanding of the essential principles of the WIC service provision is that it should not duplicate existing services and that your department has actually encouraged all WIC development groups to work with community pharmacists," he told the

NHSE. "At the outset of the Croydon centre development, the potential community pharmacy contribution was recognised by your department through the approval in principle for additional 'after hours' funding."

Pharmacies had planned to stay open to a minimum of 8pm initially, but service demand would be reviewed soon after the WIC opened, with the possibility of pharmacies staying open until 10pm. Pharmacies would be paid £80 per night.

Mr McCoig said no-one had been advised or forewarned that money might not be forthcoming. "There were various stages in the outline bid where Quarry House [the NHS Executive's Leeds headquarters] could have intervened. We thought it was going to be the first WIC co-terminous with local pharmacies. It's now one year down the line and they have pulled it," he said.

"Improving access and flexibility of hours are among the recommendations of the document," he added. Currently, central Croydon offers a limited late-night pharmacy service, with only one store opening late on Thursdays. Mr McCoig describes the

two multiples which have longer hours as not being easily accessible from the WIC, especially for those without transport.

On Wednesday, a spokesman said that the NHSE had received the letter, but that as discussions were ongoing he was unable to comment further.



The Scottish Department of the Royal Pharmaceutical Society held a registration ceremony last month for recently registered pharmacists. Pictured are (back row from left): Kathryn Smart, Kirsty Forbes, Suzanne Waterston, Sandra Tait, Esperanza Palenzuela-Prados, and Caitlin Breewood; (front row from left) vice president Marshall Davies, the president Christine Glover, RPSiS chairman Alison Strath, secretary Sheila Stevens, and vice chairman David Thomson

First draft for herbal Directive

The European Commission has issued the first draft of proposals for a Directive on traditional herbal medicines.

The aim is to introduce a regulatory framework that would assure the quality and safety of products used traditionally. There would be no need for proof of efficacy, but consumers would be given information on the purpose of the products.

The Medicines Control Agency's Richard Woodfield said last week he hoped soon to circulate these early proposals to trade organisations and other interested parties, for their input. At a meeting of the European Pharmaceutical Committee in September there had been unanimous support from member states for legislation for traditional-use medicines.

Various issues had yet to be considered in detail, such as whether the Directive should extend beyond herbals, the definition of 'traditional', and what information should be provided to consumers.

Mr Woodfield hoped the new legislation would result in a 'level playing field' between companies which had invested in licensing their products as medicines and those which might wish to pursue the new 'traditional' route and not prove efficacy.

"We would also have to try not to confuse consumers about the different categories of products," he said, adding that several complicated issues would have to be resolved.

Ministers favoured a national scheme within a European framework, rather than the UK going it alone with national legislation. A European frame-

work would be stable and withstand legal challenges, he told the Health Food Manufacturers' Association's autumn seminar in London.

"Bearing in mind we have got from nothing to here in a year, it seems that realistic progress is being made in Europe so, while that is happening, ministers wish to go down that route," he said. Other approaches could be considered if Europe stalled.

He was aware of suggestions that

legislation might be in place by 2004, but felt it was too early to make confident predictions. Although the UK had been influential in getting the idea of a Directive up and running, the UK was only one of 15 member states that might have differing views on the detailed contents. So the MCA did not want to advocate an approach that was so liberal it was likely to be widely opposed in Europe and thereby delay progress.

Proposed Directive

The proposed Directive on Traditional Medicinal Products gives medicinal products for human use an alternative means of registration to Directive 65/65/EEC. Products taking the "traditional use registration" route must be supported by bibliographical or expert evidence that they have been used in one or more of the EC member states for at least the previous 30 years. They must be accompanied by a bibliographic review of safety data and an expert report on that data.

The product must comply with any relevant paragraphs in the European Pharmacopoeia. Plant extracts must be prepared by EP extraction methods unless the member state's competent authority concludes this is not necessary to demonstrate quality and safety. Registration would be refused if the product was harmful in the normal conditions of use, or if its route of administration was other than oral, external or by inhalation.

The labelling and package leaflet would have to state that the product was a traditional medicine for use in a specific indication and that the efficacy had not been clinically proven. There would be a warning that the user should consult a doctor if the symptoms persisted during use of the medicine.

Pharmacists could help to banish Scots' health woes

Scotland must mobilise community pharmacists if it is to get rid of its 'sick man of Europe' image, says the Scottish Pharmaceutical Federation chairman.

Pharmacists could cut millions of pounds from the drugs bill and slash hospital waiting lists by freeing up beds, George Allan says in an article for *Holyrood* magazine.

"If, as some reports suggest, this [Scottish] health plan is to be a radical rebranding of the NHS in Scotland, it must mobilise community pharmacists to ensure the safe and effective use of medicines is maximised for the mutual benefit of patients and the NHS," he writes.

"Advising on repeat prescriptions, helping patients to comply with doctors' advice on taking medicines and updating prescriptions to new and more effective choices is not just good for patients, it could also cut the drugs bill by £20 million a year. And, by reducing the more than 15 per cent of all hospital admission due to poor medicine management, it could free up precious beds and slash waiting lists."

Mr Allan asks health minister Susan Deacon to develop more schemes where pharmacists can prescribe for minor ailments such as coughs, colds, head lice and digestive upsets.

Pharmacies should also be promoted as walk-in care centres, he adds.

Welsh winter drive leaves pharmacies out in the cold

Pharmacists in Wales will be seeking greater emphasis on pharmacy in next year's government winter campaign.

Wales has no equivalent to England's 'Get the right treatment' campaign or the Scottish Executive's winter advertising, which encourage the public to seek advice from pharmacists on colds and flu. The 'Keep well this winter' campaign in Wales has little reference to pharmacists.

Peter Jenkins, a community pharmacist in Abercynon, told *C&D*: "The campaign in Wales is very worthwhile, but patients are losing out because they are not benefiting from the emphasis on pharmacy services."

Welsh Central Pharmaceutical Committee secretary Colleen Forse said the campaign was finalised before there was a chance for pharmacy input. "We will try to be in early next winter," she added.

IN BRIEF

Scottish monthly statistics

There were 5,132,663 prescriptions dispensed in Scotland in June, 5,123,657 by chemist contractors, at a total cost to the exchequer of £57,007,495. For chemist contractors, the ingredient cost per prescription was 1015.28p, dispensing fees were 99.37p with a professional allowance of 32.37p and oncost of 0.18p. The gross total per prescription was 1160.18p or 1098.50p net. The average CD fees cost per prescription was 7.79p.

Northern Ireland statistics

There were 1,834,512 items dispensed from 1,012,478 prescription forms in Northern Ireland in July. The ingredient cost was £19.65 million (£18.38m net). Discount was £1.273m, with oncost and other payments totalling £2.911m. The gross cost was £21.29m (£20.65m net). Gross cost per prescription was £11.6067 with ingredient cost £10.7134. The net ingredient cost per prescription was £10.0197.

Fuel shortage

It was likely, although not certain, that arrangements similar to those in September for priority access to petrol would be introduced should a fuel blockade cause petrol shortages, as had happened in September, a government spokesman said on Monday. Further information is available at www.fuelinfo.gov.uk

NHS Direct covers Wales

NHS Direct now covers the whole of the Wales, following the opening of the North Wales NHS Direct centre last Tuesday. The centre based at Ysbyty Gwynedd, Bangor, provides a bi-lingual health information and advice service, and complements the existing call centre in Swansea.

Welsh GPs defeat dispensing bid

Welsh GPs have opposed a call for all doctors to be allowed to dispense.

North Wales doctor Jonathan Jones proposed at the recent Welsh Local Medical Committees conference, which took place in Llandudno, that: "In view of the sadly-lacking availability of pharmaceutical services, all GPs should be able to dispense." The motion was lost.

Speakers re-iterated that pharmacists should not encroach on the GPs' territory of diagnosis. The conference thought pharmacists should not take blood pressure or measure cholesterol levels, but had no problems with pharmacists advising on prescribing and medicines monitoring.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in October:



- emergency contraception (1178)
 - benzodiazepine misuse (1179)
 - varicella-zoster infection (1180).
- Pharmacy Update is a distance-learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 444791 (premium rates apply).

Internet users can catch up by accessing the dotpharmacy site (<http://www.dotpharmacy.com>). The Pharmacy Update multiple-choice questionnaire and telephone marking service are supported by Genus Pharmaceuticals.

Nurse prescribing to be extended in Scotland

The Scottish health minister, Susan Deacon, has outlined plans to extend nurse prescribing in Scotland.

The proposals are similar to those announced last week for England (see p4). Nurses would be able to prescribe for:

- minor ailments such as cuts, burns, and hay fever
- promoting healthier lifestyles, such as smoking cessation
- chronic diseases including asthma and diabetes
- palliative care.

Health professionals are invited to comment on the proposals by 15 January to: Mary Waugh, Pharmaceutical Policy Division, Scottish Executive Health Department, Room 29D, St Andrew's House, Regent Road, Edinburgh EH1 3DG.

By this spring, about 3,000 nurses will have prescribing rights in Scotland.

No plans for review of script levy exemptions, says DoH

The Department of Health has no plans to review the list of medical exemptions from the NHS prescription levy, junior health minister Gisela Stuart has said.

Saying that the list of medical conditions conferring prescription charge exemption "was agreed with the medical profession in 1968", she added: "The list and other aspects of prescription charges were reviewed in 1998 as part of the Government's comprehensive spending review."

"No changes were made to the list of medical exemptions. We have no plans to undertake a further review."

Instead, she told Dr Doug Naysmith, MP for Bristol North West, the Government's policy was to give help to those who may have difficulty in paying charges, rather than to extend the exemption arrangements.

Ms Stuart said that the Government is intending to introduce by the end of next year a mandatory reporting system to log failures, mistakes and near-misses in healthcare and to ensure that lessons learned in one part of the NHS are properly shared with the whole of the health service.

Hospital saves £100,000 with patients using own medicines

The Government should encourage people to take any medicines they are using with them, if admitted to hospital, parliamentarians have heard.

In an All-Party Pharmacy Group visit to St Thomas's Hospital pharmacy department in London, pharmacy director Tony West said there should be a national campaign, as the savings and benefits could be huge.

In a scheme based on one in Nottingham, St Thomas's inpatients are asked to bring any medicines they have been prescribed in the community and continue to use them in hospital. With just over a quarter of patients doing this, the hospital is saving about £100,000 each year on the drugs budget.

Besides the costs savings, the scheme allows hospital pharmacists to gain a better drug history for patients on admission. Patients are assessed and encouraged where appropriate to continue to self-administer their medicines, which is stored in a bedside locker. Pharmacists have found they can spend more time with patients as a result, nurses are more satisfied with the drugs round, and discharge medicines can normally be prepared prior to discharge, said Richard Lee, clinical development nurse.

Royal Free Hospital pharmacy director John Farrell said the scheme was a good example of where there is a need to work across primary and secondary care. He also expressed support for community pharmacy as a suitable setting for services such as anti-coagulation clinics, something the St Thomas's Hospital pharmacists are now providing in the community from GP surgeries.



Pictured outside St Thomas's hospital after the All-Party Pharmacy Group had visited the hospital's pharmacy department are (from left): RPSGB president Christine Glover, Rt Hon Lord Newton of Braintree, Michael Cross (Royal London Hospital) Anne Jacklin (Hammersmith Hospitals), Dr Jenny Tonge MP, Tony West (Guy's and St Thomas'), RPSGB Council member Helen Remington (also of Addenbrooke's NHS Trust), pharmacist and MP Sandra Gidley, Peter Sharrot (Chelsea and Westminster Hospital), David Heath MP and John Farrell (Royal Free Hospital)

Community pharmacies are ideally placed, said Mr Farrell. Over two-thirds of patients visit the same pharmacy on a regular basis, and patient medication records mean that pharmacists can quickly identify patients who are missing therapy. However, it can be difficult for community pharmacists to start such schemes because of funding. "What's holding it back in primary care is that there is no funding and no mechanism for funding," he said.

The APPG was visiting the hospital, across the Thames from the Houses of Parliament, to increase their know-

edge of hospital pharmacy practices. Pharmacy directors from other hospitals, members of the pharmacy bodies and other hospital pharmacists were present.

Other issues that were discussed included:

- the benefits of pharmacists having experience of working in both primary and secondary sectors
- the need for community pharmacists to have access to patient records
- the current community pharmacy contract is a piece-work contract with little scope for additional services.

More switches and P extensions

Lodoxamide and triamcinolone nasal spray become Pharmacy medicines under Regulations coming into effect on November 16.

The regulations also make further Prescription Only exemptions for domperidone, azelastine and paracetamol.

Lodoxamide trometamol, equivalent to 0.1 per cent lodoxamide, becomes available without prescription for the treatment of ocular signs and symptoms of allergic conjunctivitis in adults and children over four years. Triamcinolone acetonide becomes P when presented in a non-pressurised nasal spray, containing no more than 3.575mg, for the treatment of seasonal allergic rhinitis in adults aged 18 and over. The maximum daily dose is 110mcg per nostril, for no longer than three months.

Domperidone base becomes P in

line with the maleate salt, at a maximum dose of 10mg and maximum daily dose of 40mg. The maximum pack size of both increases to 200mg when sold off prescription.

The P indications for azelastine are extended to include the treatment of perennial allergic rhinitis, as well as seasonal allergic rhinitis in adults and children over five years old.

When paracetamol was added to the POM Order in 1997, exemptions were made allowing packs of up to 32 non-effervescent tablets or capsules, with maximum strengths of 500mg for adults and 120mg for children, to be sold in pharmacies. Products with a maximum strength of 500mg which are mainly intended for adults, but have an authorised paediatric dose of 120-500mg, were excluded. The new

regulations allow pharmacy supply of the latter.

The Prescription Only Medicines (Human Use) Amendment (No 2) Order 2000 (SI No 2899; Stationery Office £1.75) also extends the list of POMs that can be administered by state-registered paramedics. The additions are ergometrine maleate 500mcg per ml with oxytocin 5iu per ml, benzylpenicillin, frusemide, metoclopramide, morphine sulphate and streptokinase.

Another section states that POMs may only be administered under a patient group direction by individuals specified in Part III of Schedule 7 to the principal Order.

The maximum P pack size of topical ibuprofen becomes 50g, to correct a previous error where the size was stated as 100g.

Forum calls for funding reform

A complete overhaul was recommended for NHS Trust funding at the recent meeting of the Modernisation Forum in Scotland. The current funding situation is unhelpful and confusing. Though most of the internal market infrastructure has been dismantled, some parts are still in place, including capital charging, where 6 per cent of the value of the buildings is paid back to the Scottish Executive Health Department.

Originally meant to ensure that trusts were using their assets in the most financially-efficient way, it is an artificial drain on resources, and part of the reason that the majority of trusts within Scotland have a financial deficit.

"Why does the NHS still work on an annual budget basis?"

There were calls at the meeting for the concept to be abolished or, at least, amended to allow the money creamed off to be reinvested within the NHS. There is doubt, however, that SEHD will be brave enough to incorporate that into the Scottish Health Plan.

The majority of large companies work with three, five or even ten-year budgets. Why does the NHS still work on an annual budget basis? Surely it would make more sense, and allow greater flexibility, for trusts to work on at least a three-year budget?

This would take a lot of pressure off managers, and we might see more development of pharmacy services if decisions were not restricted by having to balance a single-year budget.

Rationalising the payment of NHS contractors such as pharmacists and dentists was also recommended. There are apparently as many different ways of paying them as there are types of contractor.

If it were possible to streamline the processes, even as far as having one standard method of payment, it would cut administration costs considerably.

The English NHS Plan states that: "Our vision is of an NHS where staff are not rushed off their feet and constantly exhausted; where careers are developed, not stagnant; where staff are paid properly for good performance; and where childcare is provided in every hospital." Let's hope that the same vision is present in the Scottish Health Plan.

Contributed by a senior hospital pharmacist

Xrayser

Topical Reflections

Fireworks over latest nurse prescribing proposals

Last weekend was fireworks night, and when I opened the pages of *CC&D*, Doty said I was like one of those giant Chinese crackers – touchy all day and when she dared ask why, I went off with an almighty bang!

I will leave the analysis of the Government's nurse prescribing proposals to my more politically-enlightened peers, but as I write this column, my gut feelings of last Saturday morning remain the same.

I felt angry, sick and betrayed. I know many nurses and most of them are dedicated to their profession.

They deserve recognition for a sometimes thankless, underpaid job but for them to be solely identified for fast-track promotion as prescribers, and therefore diagnosticians, is a massive insult to the profession of pharmacy.

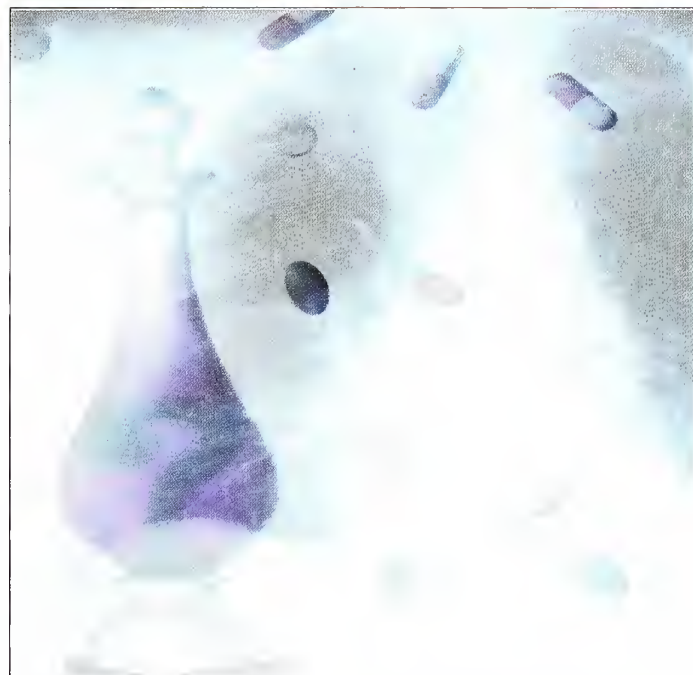
I felt dismissed by a Department of Health which still treats community pharmacists as glorified shopkeepers, tainted with the stigma of trade.

My immediate reaction was to send my letter of resignation direct to Tony Blair, but I do have a family to support... my angry letter instead demands the immediate commitment of parliamentary time to the implementation of prescribing by pharmacists. It should be accompanied by 10,000 others in a similar vein!

Perhaps this will be the spark that will finally ignite all community pharmacists and November 5 could once again become a date in the calendar that has meaning for some of us, at least.

Position on script switching still unacceptable

However anodyne the letter I have just received from the NHS Executive explaining the temporary concession that has been agreed with the Pharmaceutical Services Negotiating Committee over prescription charge



switching, the underlying threat remains the same.

The concession relates to prescriptions with computer-entered dates of birth, but the NHS Executive has arrogantly refused to address the problem of genuine errors. I try my hardest to ensure all forms are properly signed but some do occasionally slip through the net.

In future I will be told on my monthly statement how close to perfection I am approaching, but the opportunity to rectify errors is still being denied and a fine of £6 per item will be levied without the right of appeal.

This is not an acceptable position and is one that PSNC must vigorously pursue because it is not just the 'switch' that is the problem but more fundamentally the refusal by the Department of Health to return ambiguous prescriptions for clarification.

The 'concession' has been introduced as renewable every year but only for as long as I behave myself and do not object to being penalised for the remaining minority.

The only equitable situation is for the 'concession' to become permanent and for the remainder to be returned for clarification. It would then be up to the contractor how the clarification would be achieved and up to the fraud unit to pursue any claims it felt might be false.

Nuts to a healthy diet

I freely admit to being a roasted-peanut addict, and from the evidence of the loaded shelves of the local supermarket, I don't think I am alone.

The problem is that I cannot eat just a few, and like all high-calorie foods the treat is quickly translated into waistline inches.

To make these nuts taboo (for me, at least) has always been my ambition, so I was surprised to pick up a leaflet in my local doctors' surgery extolling the virtues of KP Nuts as 'a positive part of a balanced diet'.

The leaflet explained that peanuts are high in unsaturated fat and if eaten instead of saturated fats could help to lower cholesterol levels. True, but surely not eating the fat in the first place must be even better!

Then there is the question of salt. There is more salt in two slices of wholemeal bread than 50g of salted peanuts. Again true, but 50g of KP Nuts also contains 311 calories and 26.5g of fat and I couldn't stop at 50g!

No, I think I will resist the temptation and stick to two slices of fresh wholemeal bread. When it comes to peanuts and a balanced diet it is abstinence that makes my heart grow healthier.

Health promotion campaigns get an evaluation

Enfield & Haringey Health Authority has published an evaluation of three health-promotion campaigns carried out in community pharmacy.

The document reviews the month-long campaigns on hypertension, diabetes and child accident prevention carried out over the past two years. Patient information leaflets and window posters were the focus of the campaigns, with pharmacist intervention where necessary. The campaigns were organised by the Pharmacy Health Promotion Steering Group.

Besides raising patient awareness of the issues involved, the HA says pharmacists had increased professional satisfaction and the opportunity to advise patients more effectively.

Among the recommendations of the reports are that cultural beliefs and attitudes should be noted when campaigns are started. "In addition, it is important to note that as pharmacists evolve within primary care, their participation and extended roles will require a funding element," said Georgie Herskovits, senior pharmaceutical advisor, and Michele Daniels, deputy head of health promotion.

Delivery targets published

The 'must do' targets linked to the public service agreement set out in the NHS Plan have been published. The service delivery agreement also sets how and when the targets should be achieved and how they should be measured. Commitments in the SDA include:

- reducing substantially the mortality rates from major killers
- narrowing the gap in childhood and throughout life between socio-economic groups
- increasing the participation of problem drug users in drug treatment programmes by 55 per cent by 2004 and 100 per cent by 2008
- guaranteed access to a primary care professional in 24 hours and to a primary care doctor in 48 hours by 2004
- having suitable treatment times
- reducing outpatient waiting times
- improving patient satisfaction
- providing high quality care to help older people live independently as long as possible.

Among the indicators are factors such as statin prescribing rates, prescription of aspirin for heart attack sufferers, and a 4 per cent reduction in the number of adults smoking by 2010.

The SDA can be downloaded from www.doh.gov.uk/sda

Phenylpropanolamine: FDA prompts review of use in UK

Action by the US Food & Drugs Administration to remove phenylpropanolamine (PPA) from all drug products has prompted the Committee on Safety of Medicines to carry out a review of the drug's use in the UK.

When the matter was raised in the UK media two weeks ago (*C&D* October 28, p10), the Medicines Control Agency referred to two reviews it has carried out on PPA in 1985 and 1998 and said there had been no change in its safety profile. However, on Tuesday, the MCA said it was aware of the FDA action and was looking to the CSM to review the situation at a meeting on Wednesday.

It points out that cold and flu products in the UK containing PPA have a lower maximum daily dose (100mg) than in the US (150mg). The US has, up until now, also allowed appetite sup-

pressants containing PPA to be sold over the counter.

The FDA issued its recommendation following completion of a five-year Yale University study into a possible link between the use of PPA-containing products and haemorrhagic stroke (see also p10). Studies suggest a link in young women, although not enough data on males was available.

On Tuesday, UK pharmacists were being advised to suggest, when appropriate, alternative remedies not containing PPA if questioned by patients.

The Proprietary Association of Great Britain points out that the UK OTC industry had already asked for a separate independent review of PPA as the drug has different uses and is taken at different doses compared to the US. This concluded: "There are no new data which would alter the conclusion drawn in 1996, that one cannot con-

clude from the available data that PPA, at therapeutic doses approved in the UK, used as a nasal decongestant for short periods and within labelling instructions, is associated with strokes."

Further, PAGB says that all the data and the independent review conclusions have been supplied to the MCA. "This medicine has been reviewed most recently in 1998, and despite the FDA's request, there is still no reason to associate the use of PPA with strokes when taken according to the UK label and leaflet instructions."

AAH Pharmaceuticals' managing director Steve Dunn said on Tuesday: "As in any situation of this nature it is important for no-one to panic - we are suggesting pharmacists might consider holding the affected products in their dispensaries until additional information from the MCA or DoH becomes available."

Concerns on supplements control

The Food Supplements Directive should go before the European Parliament next February, but there are concerns about the principles on which nutrient levels will be based and the proposal to introduce positive lists.

The present draft proposes that the maximum daily intake of vitamins and minerals in a supplement should take into account three factors:

- the upper safe levels established by scientific risk assessment
- the reference nutrient intakes (based on average amounts taken by the population as a whole) if the RNI is close to the upper safe levels
- likely intakes of vitamins and minerals from other sources.

Speakers at the Health Food Manufacturers' Association autumn

seminar last week expressed concern that the Council of Ministers and some member states still wanted nutrient levels to relate to recommended daily amounts rather than the higher levels based on safety.

The Food Standards Agency's Rosemary Hignett said the UK favoured maximum limits based on scientific risk assessment. The agency is also concerned about the proposed positive lists of ingredients that could be included in food supplements, as this approach could restrict innovation.

"Food ingredients do not generally have to go through an approval system, so we would question why this should be the case for food supplements," she said. "Our concern is that positive lists might become set in stone."

The Directive also proposes that new products should be notified to a 'competent authority' before being launched. The UK believes notification should be optional for member states.

"It is difficult to see the benefits of such a scheme and, with an estimated 15,000 products being launched every year, how we could deal with such numbers."

Although another Directive will deal with claims, the agency is concerned about proposals that labelling should not imply that adequate amounts of a particular vitamin cannot be obtained from a normal healthy diet. This could preclude claims for nutrients such as folic acid, where it is difficult for pregnant women to obtain adequate amounts without supplements. The agency would like advice on labels to be based on clear scientific evidence.

Basil Mathioudakis who, as DG SANCO's principal administrator, has played a major part in writing the Food Supplements Directive, assured companies they would have plenty of time to make sure their products complied.

It could take six to 12 months before the Directive is adopted, he said, after which member states will have a year to turn it into national legislation. There will then be two or three years grace before non-conforming products are prohibited. Companies would have four or five years to submit products for approval on the positive list. There could be a speedier formula for adding new products to the list, he suggested.

Drugs-related deaths increase

The number of deaths related to heroin and/or morphine increased almost 50 per cent from 1997 to 1998, Department of Health figures indicate.

Figures for England and Wales indicate that in 1997, 255 deaths were related to heroin use and 445 to heroin and/or methadone. The following year, the figures had increased to 407 and 632 respectively. There has been an upward trend since 1993, when there were 254 deaths attributed to either heroin or morphine. In 1994, there were 403 deaths, 517 in 1995 and 705 in 1996.

In same period, deaths related to ecstasy/MDMA have averaged about 15, ranging from eight in 1993 to 27 in 1994. Deaths related to cocaine were 65 in 1998, up from 38 in 1997 with an average of 18 in each of the previous four years.

The DoH says the listings include 'heroin and/or morphine' due to the heroin metabolising into morphine which may mean the latter is then detected at post mortem. It says: "It is difficult to make accurate predictions for the number of deaths in these categories for 2000, as the numbers are small and highly variable."

ON TV

THE BEST SELLING TOPICAL PAINKILLER HAS JUST PUT ON EVEN MORE MUSCLE



ibuprofen

NEW IBULEVE MAXIMUM STRENGTH

For backache, rheumatic and muscular pain, sprains and strains
and pain relief in common arthritic conditions.

IBULEVE Trademark and Product Licence held by Diomed Developments Ltd, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 8QZ, UK.
Directions: Lightly apply 2 to 5 cm of gel (50 to 125 mg ibuprofen) to the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily.
Indications: For the relief of backache, rheumatic and muscular pain, sprains and strains. Ibuleve Maximum Strength Gel is also for pain relief in non-serious arthritic conditions.
Contra-indications: Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers (including when taken by mouth), especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken or damaged skin. Not to be used during pregnancy or lactation. **Precautions:** Not recommended for children under 12 years without medical advice. If symptoms persist, consult a doctor or pharmacist about continued treatment. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interactions with blood pressure lowering drugs may occur, but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. **[FOR EXTERNAL USE ONLY]** **Side-effects:** In normal use, side-effects are very rare, but may occasionally include mainly allergic or localised skin reactions in susceptible individuals. **Legal Category:** [P] **Packs:** Tubes of 30 g (PL 0173/0176), RSP £4.95 (£4.21 exc. VAT).



Medical matters

PPA to be withdrawn in US following stroke study

The study which has led the US Food and Drug Administration to call for the withdrawal of phenylpropanolamine (see C&D October 28, p10) has been released early by *The New England Journal of Medicine*.

Originally due to be published in December, the study has been posted on the *NEJM* web site www.nejm.org because of its "potential public health implications".

The case-controlled trial recruited 702 patients who had suffered a sub-

arachnoid or intracerebral haemorrhage in the previous 30 days and who had no previous history of stroke. They were questioned about their use of medication in the two weeks before the stroke.

In the study, the use of PPA by women as an appetite suppressant was linked to the highest risk of stroke (odds ratio 16.58). PPA contained in cough and cold remedies and used by women for the first time was associated with a lower incidence (odds ratio 3.13).

No male patients in the study had taken appetite suppressants containing PPA and only two had used cough and cold remedies. It was therefore not possible to determine the risk of haemorrhagic stroke in men taking PPA from this study.

● The Committee on Safety of Medicines was due to review the safety of PPA on Wednesday and advise the Medicines Control Agency of any necessary regulatory action (see News p8).

IN BRIEF

Fucidin H now in 60g tubes

Lea is introducing 60g pack sizes of Fucidin H cream and ointment. Prices are £10.60 for the cream and £8.70 for the ointment.

Leo Pharmaceuticals.
Tel: 01844 347333.

Nolvadex SmPC amended

The SmPCs for Nolvadex and Nolvadex D have been updated. The following has been added: "As Nolvadex is metabolised by Cytachrome P450, care is required when co-administering with drugs, such as rifampicin, known to induce this enzyme".

AstraZeneca UK Ltd.
Tel: 01923 266191.

Agenerase approved in the EU
Glaxo Wellcome has received approval from the European Commission to market its protease inhibitor (PI) Agenerase (amprenavir) in all 15 countries of the European Union. Agenerase is indicated in combination with other anti-retroviral agents for the treatment of PI-experienced HIV-infected adults and children over four years of age.

Glaxo Wellcome UK Ltd.
Tel: 020 8990 9000.

Pneumovax II also pre-filled

Pneumovax II is now also available in a pre-filled syringe. The basic NHS price is £10.00 for a 0.5ml syringe.

Aventis Pasteur MSD.
Tel: 01628 785291.

Another fenofibrate option

Fournier is launching Supralip (fenofibrate 160mg) tablets for hyperlipidaemia.

Supralip has the same indications in hyperlipidaemia as Lipantil but is also indicated for the treatment of secondary hyperlipoproteinaemia if it persists despite treatment of the underlying disease.

The recommended dosage is one tablet daily.

Patients currently taking one Lipantil Micro 200mg capsule can be

changed to one Supralip 160mg without further dose adjustment.

Dosage reduction to 67mg micronised fenofibrate capsules or 100mg standard fenofibrate capsules is recommended in patients with renal impairment.

Supralip is contraindicated in children.

The basic NHS price for a pack of 28 tablets is £14.75.

Fournier Pharmaceuticals Ltd.
Tel: 01753 740400.

Zanamivir cuts flu transmission

Inhaled zanamivir (Relenza) reduces the transmission of influenza within households and shortens the duration of symptoms, according to a paper published in *The New England Journal of Medicine*.

In this study, 377 families with two to five members and at least one child over five years of age were randomised to receive inhaled zanamivir or placebo. The double-blind, placebo-controlled trial ran for six months from October 1998 to April 1999.

If influenza developed in one family member they were treated with 10mg of inhaled zanamivir twice daily for five days or placebo. Other family members then received 10mg of zanamivir once daily for ten days or placebo.

At least one additional family member developed influenza in 19 per cent

of families in the placebo group and four per cent of the zanamivir group. This represents a 79 per cent reduction in the proportion of families with at least one affected contact. The duration of flu-like symptoms was two and a half days less among patients taking zanamivir.

Zanamivir provided protection against influenza A and B and there was no evidence of drug resistance after five days of treatment.

The authors state that zanamivir is not a substitute for vaccination but it may be clinically valuable as it affords immediate protection. They also recommend that further prophylaxis studies are carried out in high-risk groups such as the immuno-compromised or residents of institutions like nursing homes.

Nicorette 4mg Gum

Abbreviated Prescribing Information.

Presentation: Nicorette 4mg gum contains 4mg of nicotine in a chewing gum base. Original or mint flavour.

Indications: Nicorette 4mg Gum is for the relief of nicotine withdrawal symptoms as an aid to smoking cessation.

Dosage & Administration: Each piece should be chewed slowly for 30 minutes. After 3 months ad libitum dosage, Nicorette gum should be gradually withdrawn. Maximum recommended daily dose: Nicorette 4mg gum: 15 x 4mg pieces. Not to be used by people under age 18.

Precautions: Peptic ulcer, angina pectoris, recent myocardial infarction, serious cardiac arrhythmias, systemic hypertension, gastritis.

Contra-indications: Pregnancy & Lactation.

Special Warnings: Rarely dependence.

Adverse Effects: Occasional hiccups, indigestion, hyper-salivation, throat irritation, allergy, mouth ulcers.

Pharmaceutical Precautions: Store below 25°C.

Legal Category: [P].

Package Quantities & Cost (all trade prices correct at time of printing): boxes of 15 pieces, 30 pieces and 105 pieces, in blister strips of 15 pieces. Nicorette 4mg gum (PL0032/0249) (£2.11) (15), (£3.99) (30), (£10.83) (105).

PL Holders: Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes, MK5 8PH.
Tel: 01908 661101.

Date of preparation: September 2000.

REFERENCES: 1. Fagerström KO, Sachs DPL. Medical management of tobacco dependence: a critical review of nicotine skin patches. *Curr Pulmonology* 1995; 16: 223-38.
2. Tang JL et al. *BMJ* 1994; 308: 21-6.

NICORETTE®



www.nicorette.co.uk



Studies show relapse is most likely to happen in the afternoon and early evening! And for heavy smokers, these are the times they need help most.

Nicorette 4mg Gum is proven to be most effective in those who smoke 20 or more cigarettes a day² and is ideal for smokers who want relief as and when cravings occur.

Next time a heavy smoker needs powerful craving relief, recommend Nicorette 4mg Gum.

NICORETTE[®]
4mg Gum

contains nicotine

POWERFUL CRAVING RELIEF WHEN THEY NEED IT

Counterpoints

Right position for more precision

Braun Health & Wellness is launching a home blood pressure monitor that will initially be exclusive to independent pharmacies.

The Braun Precision Sensor is a compact wrist blood pressure monitor designed only to give a reading when it is in the correct position.

An interactive display guides users to hold their arm at the correct level to give a reliable reading. It indicates through the use of directional arrows exactly when they are in the right position for more precision.

The monitor is operated with a single button, has a large, easy-to-read display and memorises up to 60 readings.

A launch programme will



include clinical and observation studies, congresses and lectures, and a professionally targeted advertising campaign. The monitor has already been tested and evaluated by over 6,000 GPs throughout Europe.

As a special introductory offer, a counter display pack with four monitors is available to pharmacies for the price of three. This allows in-pharmacy testing with the free unit.

Retail price is £65.00.

● Braun research shows that one in five adults in the UK will suffer from hypertension. They may or may not have been diagnosed – figures indicate that only half of all cases are detected.

Braun (UK) Ltd.

Tel: 020 8560 1234.

Gaviscon Advance campaign fires festive sales

Reckitt Benckiser is supporting its Gaviscon Advance heartburn treatment with a £2 million national TV advertising campaign.

On air until the end of December, the campaign coincides with a peak period for sales of heartburn and indigestion remedies.

The commercial focuses on the pain heartburn causes and uses computer-generated images to show how Advance liquid combats this.

An original soundtrack conveys the different characteristics of heartburn and the Advance liquid.

The campaign is designed to appeal to heartburn sufferers including those who are currently misdiagnosing or mistreating their condition.

Reckitt Benckiser plc.

Tel: 01482 326151.

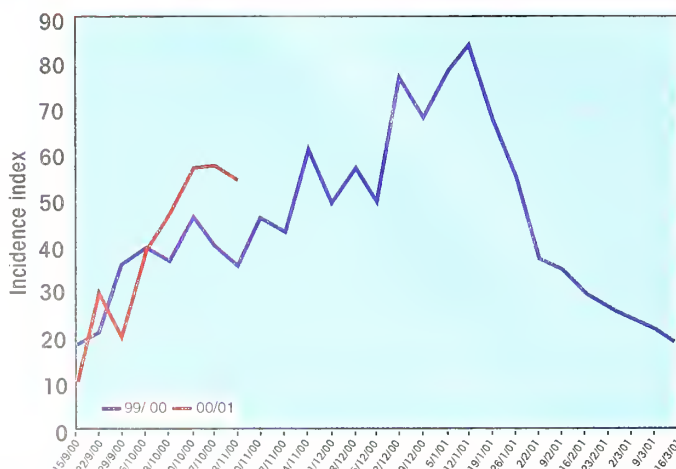
Cough, cold & flu FORECAST

Information updated weekly by SDI

SPONSORED BY



United Kingdom	Status level	Number of weeks on status	Season 2000/2001 projected population affected by respiratory illness	2000/2001 vs. 1999/2000 cumulative season-to-date % difference
BIRMINGHAM	Advisory	4 weeks	147,661	18.64%
BRISTOL	Advisory	4 weeks	40,390	46.22%
GLASGOW	Normal	8 weeks	19,584	35.68%
LEEDS	Advisory	5 weeks	147,463	26.43%
LONDON	Advisory	4 weeks	648,551	4.90%
MANCHESTER	Advisory	4 weeks	240,221	25.07%
NEWCASTLE	Advisory	4 weeks	22,894	28.18%
NORWICH	Advisory	5 weeks	8,588	32.35%



New look for Zantac 75 range

Glaxo Wellcome has repackaged its Zantac 75 and Zantac 75 Relief products.

The packs now have a more modern look. They are designed to have an empathetic feel and mirror the lifestyles of heartburn and indigestion sufferers.

Eye-catching PoS material will be introduced at the end of the year. It will include a counter display unit, space-maximising shelf units and a window box.

The products will be supported with a £300,000 TV advertising campaign from November 27 until December 17

with a second burst of the brand's 'Cow' commercial.

Glaxo Wellcome UK Ltd.

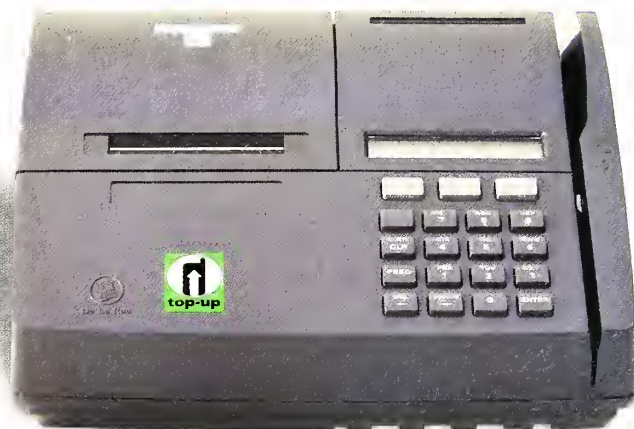
Tel: 020 8990 9000.



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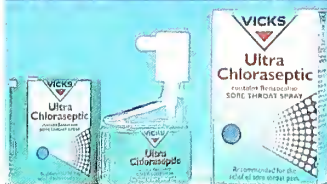


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Telecoms: 02392 539000
email: sales@chemistbrokers.co.uk
www.chemistbrokers.co.uk



Why spray for sore throat pain?



Vicks Ultra Chloraseptic Sore Throat Spray (contains Benzocaine):

- **TARGETS THE SITE OF PAIN**
- **WORKS IN SECONDS**

Cause of pain: Most sore throats are of a viral origin infecting the cells lining the back of the throat causing pain and inflammation.

Treatment: Sore throats should be treated symptomatically with local anaesthetics providing relief from pain and discomfort until the condition abates. Benzocaine is ideal being well recognised as an effective topical anaesthetic on skin surfaces and mucous membranes. In addition, Benzocaine works fast to bring relief to sore throat pain in seconds.

Why spray?

Ultra Chloraseptic has a unique swivel head applicator which delivers the active ingredient Benzocaine straight to the site of pain allowing it to start working immediately. With delivery of the active to the throat, numbness to the rest of the mouth is minimised.

Why Vicks Ultra Chloraseptic?

- Ultra effective
- Ultra precise (targets the site of pain)
- Ultra fast

New advertising – new demand

First National consumer campaign in 4 years began in October and will run through February in:

- National press
- Women's Magazines
- Radio
- Web

For orders, merchandising and further information please contact Jenks Sales Brokers on 01494 442446 or your local Jenks representative.

Abbreviated essential information for Vicks Ultra Chloraseptic

Active ingredient: Benzocaine 0.71 per cent w/v
Indications: Symptomatic relief of sore throat pain.

Legal category: P

Further information is available from Prestige Brands (UK) Ltd, 3 Scotlands Drive, Farnham Common, Slough, Berkshire SL2 3ES

Counterpoints

In the pink with new skincare line

Pink Ocean is now distributing its skincare range to pharmacies nationally, following a six-month launch period in a limited number of pharmacies in the South of England.

Developed by pharmacist Rosanne McDermott, the Pink Ocean range comprises six products containing vitamins, plant extracts and aromatherapy oils. It is designed to respond to the skin's different needs during a 24-hour cycle.

The daytime products include vitamin A and UV protection plus spirulina to provide vitamin B, proteins and minerals.

The day cream contains grapefruit extract to stimulate the skin in the morning. The eye cream and eye gel contain aloe vera and seaweed to help smooth capillaries and dark shadows.

The range also includes a body lotion and a toner/cleanser.

The night cream contains lavender and geranium to aid natural sleep, with rosemary for its toning properties.

Retail prices range from £3.50 to £6.00.

Pink Ocean.

Tel: 07887 902668.

Olay ... it's Christmas!

Procter & Gamble is supporting its Oil of Olay range with a £1 million pre-Christmas advertising campaign.

ATV commercial will be on air from December 8 until December 24 to promote Oil of Olay gift sales.

Press advertising for Oil of Olay Total Effects Hand Cream and Overnight Moisturising Treatment will appear in December issues of women's magazines.

P&G is also linking up with jewellery and handbag retailers in a targeted sampling campaign for these two products.

Procter & Gamble UK.

Tel: 01932 896000.

Boxing clever with metallic beauty set

Pifco is introducing a metallic beauty set in its Carmen range.

The Carmen Compact Metallics Beauty Box contains a Carmen metallic-blue hairdryer, together with two Miners metallic nail colours and a Miners 5-in-1 make-up brush.

The 1200W dryer has two heat/speed settings, a styling nozzle and a hanging loop. It also has a dual-voltage facility allowing for use abroad.

Gillette hopes to take women to Venus in 2001



Gillette will launch a triple-blade female shaving system in the UK next March. The new Venus system builds on the technological developments of Gillette's MACH 3. The ergonomically designed Venus razor has an aqua-blue handle, designed to enable women to grip the razor differently depending on which part of the body is being shaved.

The handle has a grip, finger pad and ball-shaped end for comfort, control and manoeuvrability. It also features a single-point cartridge-docking system to make loading the cartridge simple and easy.

The oval-shaped, forward-pivoting cartridge is designed to distribute evenly the pressure applied to the skin while shaving, reducing the incidence of nicks and cuts. The cartridge contains three spring-mounted blades surrounded by soft, protective honeycombed cushions.

An indicator lubricating strip with aloe vera and vitamin E helps improve glide and protect the skin during shaving. The blue indicator strip fades with use to signal when the razor is no longer giving the optimal shave.

The razor comes with a shower-mounted storage compact and spare-blade cartridge, in an individually sealed waterproof dispenser to keep the blades clean and dry.

The launch will be supported by a £10 million marketing campaign in 2001. Advertising will break in April, primarily on TV, but also including radio, posters, and women's and teen magazines.

A comprehensive range of PoS material will include counter units and floor stands.

The retail price will be £5.49 for the razor (with storage compact and additional cartridge) and £5.99 for a four-pack of cartridges.

● Estimates suggest that the total female hair-removal market is likely to be nearly £170 million by 2003, an increase of £47 million. Gillette predicts that its new Venus system will contribute £43 million of this growth.

Rachel Melville, brand manager for female grooming at Gillette, says: "Of the women who remove hair, 72 per cent wet-shave but only 33 per cent currently use systems products."

"Venus is designed to capture new users and encourage current users of other refillable razors and disposable razors to trade up to a premium system."

She predicts that 50 per cent of Gillette Sensor Excel users will trade up to Venus by 2002. To coincide with the launch, Gillette will rationalise its Sensor Excel range from next March.

Gillette UK Ltd.

Tel: 020 8560 1234.



The nail colours come in metallic Blue Monday and Ziggy Silver finishes. The 5-in-1 cosmetic brush includes a selection of brushes – each specifically designed for precision application.

The products are presented in a portable silver case that makes an ideal gift. Retail price is £27.99.

Pifco Group.

Tel: 0161 947 3000.



OLAY

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PROFIT OPPORTUNITY

THIS CHRISTMAS*

50%* of retail spend on moisturisers
at Christmas is on Olay.

Massive media support across
December on TV, Print and PR.

INFOSCAN



**SEE WHOLESALE PLOFS FOR GREAT OFFERS
FROM OLAY THIS CHRISTMAS**

IN BRIEF

Wider vision

Alcon Laboratories is introducing a new size of its Opti-Free Express multi-purpose disinfecting solution. The new 250ml size comes in a flat design bottle (rsp £8.99).

Alcon Laboratories (UK) Ltd.
Tel: 01442 341234.

New skincare distributor

Skincare Cosmetics Retinol skincare products and Fran Wilson Aloe Lip Care, from the US, are now being distributed in the UK by Subhu's Hair Accessories. The products have not been available in this country for the last two years. The Retinol range includes two vitamin A creams, vitamin A eye gel and anti-wrinkle facial serum. It retails from £17.50 to £24.99.

Subhu's Hair Accessories Ltd.
Tel: 020 7371 1756.

Sensodyne has double bite of TV

Stafford-Miller is supporting its Sensodyne oral care range with a £2 million TV advertising campaign. It will be on air nationwide until December, and runs in two parts - the Sensodyne range is featured at the start of the commercial break and Sensodyne Gentle Whitening toothpaste receives coverage at the end.

Stafford-Miller Ltd.
Tel: 01707 331001.

Invisible campaign

SCA Hygiene Products is advertising its Bodyform Invisible sanitary towels in women's washrooms in shopping centres countrywide. Humorous Eyesite posters, placed directly above the hand-dryers and on the back of cubicle doors, show a dizzy-looking girl in a mini-skirt with the copyline 'looks thin, acts thick'.

SCA Hygiene Products Ltd.
Tel: 01582 677400.

E45 aims to clean up in emollient shower market

Crookes Healthcare is launching an emollient shower cream for dry skin in its E45 range.

E45 Emollient Shower Cream can be used every day to gently cleanse problem dry skin. It is suitable for people with dry skin conditions including eczema, dermatitis, psoriasis and ichthyosis.

The perfume-free product contains no soap or detergent. It is formulated to be non-drying and preserve the skin's normal pH balance.

The product has a non-foaming, creamy formulation to moisturise the skin and help prevent further drying. The manufacturer says it is unlikely to cause allergies.

Helen Williams, E45 product manager, says: "The move into the



shower market is an important venture. It means that people who suffer from eczema or dry skin can start their moisturising regime when showering in the morning."

The launch will be supported by a £100,000

promotional programme, including reader giveaways.

In-store promotion activity in independent pharmacies will include samples sachet give-aways and PoS material.

Retail price is £4.49 for a 200ml hooked pack.

Crookes Healthcare Ltd.
Tel: 0115 953 9922.

ON TV NEXT WEEK

Askit: GTV, GMTV, C4, C5

Avent Magic Cup: C, W, CAR

Benlyn: All areas

Calpol: ITV, GMTV, Sat

Gaviscon Advance: All areas

Ibuleve Maximum Strength: C4

Multibionta Advanced Formula: ITV, C4, C5, Sat

Otix Ear Drops: C4

Seven Seas Cod Liver Oil: G, Y, C, LWT, CAR, TT, C4, C5, Sat

Sonicare: CAR, M, ITV, GMTV

Zovirax: C4, C5, Sat

PharmaSite for next week: Nicorette Gum - Window, Nicorette

Inhalator - In-store, Nicorette Patch - Dispensary

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Haliborange vitamins bursts into life

Seven Seas Health Care is supporting its Haliborange vitamin range with a £1 million TV advertising campaign for six weeks, from November 13.

The campaign aims to attract new users to the market and will be aired during GMTV. The commercial features eye-catching computerised visuals to demonstrate the need for nutrients that are often left out of daily diets.

To convey a 'great taste' message, the campaign promotes the brand as 'vitamins that burst with taste'.

The campaign will also include a microsite on the GMTV health web site gmtv.co.uk



Seven Seas Health Care Ltd.
Tel: 01482 375234.

Nitromin Glyceryl Trinitrate Spray

CFC-Free GTN Pump Spray
for treatment of angina.

ADDED VALUE



SERVIE

**MINIMUM
COST**

Nitromin costs even less per unit than generic nitrate sprays

Further information is available from:
Servier Laboratories Ltd., Fulmer Hall, Windmill Road,
Fulmer, Slough SL3 6HH.
Tel: 01753 666226 Fax: 01753 663456.
Date of preparation: December 1999.
Legal Category: P OONMAD108

The natural way to revive your profits



- New Yariba herbal tablets contain a natural ingredient to relieve temporary tiredness
- Established clinical heritage
- Unmissable national heavyweight advertising campaign



kola nut

A natural way to revive your day

YARIBA Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Directions:** Take one or two tablets three times a day. Not recommended for children under 14. **Indications:** A traditional herbal remedy used as a pick-me-up in temporary tiredness. **Contra-indications:** Not to be used in cases of sensitivity to any of the ingredients. Not to be used during pregnancy or lactation. **Precautions:** Keep out of the reach and sight of children. **Legal Category:** GSL. **Packs:** Yariba (PL 17418/0012) - 50 tablets, RSP £4.95 (£4.21 exc. VAT).



Roy Carrington, chief executive of the National Co-operative Chemists

NCC gets itself fit for the millennium



A new colour and a more modern style will signal the corporate identity of National Co-operative Chemists from early next year, according to chief executive Roy Carrington. Out will go the 'green on cream' fascia the NCC has been using for the past 12 years and in will come 'co-op blue' and a more modern style.

The firm which has been developing the new look, Atom Design, based in Huddersfield, had been briefed to give the NCC a "softer, friendlier and altogether more attractive image while maintaining a professional edge", said Neil Slater, the NCC's services controller.

"The new concept will give us a crisper and cleaner identity on the High Street," Mr Slater explained.

The society expects to roll out the new fascias across all of its 275 stores by the end of January.

However, making the NCC pharmacies fit for a new millennium and the challenges ahead meant the redesign had to go beyond external appearances, so that the stores themselves were suited to the changing role of pharmacy.

Atom Design developed three different concepts for the interior of the shops, making the overall idea adaptable to the physical constraints of the various outlets.

A major feature of the new look was to be the introduction of a consultation area, and it was here that the differences between the three versions became obvious. The extent of the proposed consultation area ranged from a small section attached to the OTC counter to a completely separate area with chairs and its own computer.

A new corporate identity and an all-singing all-dancing web site are just two of NCC's millennium initiatives, as **Nina Keller-Henman** reports

In all three designs, there are no stairs to the dispensary and P medicines are displayed behind the counter. So far, the internal concept has been piloted in three to four stores with more certain to follow suit.

Aggressive expansion

The new corporate image is just one of many changes Roy Carrington has witnessed and instigated himself since he took over as chief executive in 1986. The chain has virtually tripled in size and doubled its turnover under his leadership, which Mr Carrington attributed mainly to a "more aggressive acquisitions and growth policy".

"Generally we will target independent pharmacies and other Co-op societies wishing to join us," Mr Carrington said. His vision is for the chain to grow by around 15-20 shops a year, but the price has to be realistic.

"We certainly won't overpay. We carry out a carefully designed business assessment and make sure that we buy at a price we can make a financial return on."

Moving into health centres and

supermarkets is one of the possibilities Mr Carrington is exploring.

"We have got one in-store pharmacy in Morrisons and are looking to do something with Lidl [the German budget supermarket chain]," he explained.

Change and survive

While Mr Carrington is confident that, despite current pressures, the "bricks and mortar" pharmacy will not disappear altogether, he is only too aware that pharmacy as a whole has to move with the times in order to survive.

He is convinced that pharmacy in the future is not going to be a single operation. In his opinion it will have to offer a lot more than it currently does in terms of additional services, possibly taken from a 'menu of options'.

"This menu will have to include dispensing over the internet, accepting electronic prescriptions and delivering medicines management and patient care packages for which pharmacist will have to be clinically trained."

The NCC certainly appears to have

embraced IT. E-mail facilities have been introduced in all of NCC's branches, which are all linked to the NCC intranet.

The highlight in terms of IT involvement in the past 12 months was the launch of the society's own web site, www.co-oppharmacy.co.uk

According to the NCC, the site is much more than merely being an online shopping facility and a provider of health advice.

The main feature of the site, which was designed by the NCC's Derek Drury, is an online consultation facility. Inquiries regarding health-related topics can be sent to a panel of clinical pharmacists and a detailed reply is guaranteed within two days.

"No other national pharmacy is offering anything as comprehensive as this," Mr Carrington said.

So far so good, but Mr Carrington insisted that further developments were vital to get the web site ready for e-pharmacy. He was, however, adamant that the NCC had no plans to launch its own online pharmacy, at least not in the next five years.

Continued on P20 →



PROFIT *Naturally*



The No.1 Pharmacy Constipation Remedy

→ Continued from P18

"I fail to see how e-pharmacy can make any money. I can only see it as an additional service," the NCC chief executive said.

Co-operative spirit

For more than 50 years the NCC has managed to maintain the co-operative spirit, despite having to run an ever-growing business. Mr Carrington was pleased to say.

"Somehow we are not seen as the 'big bad multiple'," Mr Carrington explained, adding that decisions on whether an outlet remained open were certainly not based on figures alone.

"As long as it breaks even and is needed we will keep it open," he promised.

The majority of the shares are held by the now merged Co-operative Retail Society and the Co-operative Wholesale Society, with the remaining shares being owned by other co-operative societies.

Mr Carrington reiterated the NCC's commitment to training all its staff, including initiatives such as the recent five-day course held at the Co-operative College, Stanford Hall near Loughborough, where 15 pharmacy managers completed part of a clinical diploma course (see *C&D* November 4).

The rewards of this commitment to its staff became apparent when NCC was awarded Investors in People status in 1998.



Atom Design developed three different concepts for the interior of the NCC shops

Hunt and after

"We have never been glorified shopkeepers, but Lord Hunt's announcements will take us even further away from being perceived as being such," was Mr Carrington's verdict regarding the announcements made by Lord Hunt in September.

"As a pharmacist I was quite pleased but as a large contractor I have a few worries," he added.

He was particularly concerned about the possibility of changes to the limitation of contracts and the fact that many services could be contracted to pharmacists, not contractors.

"For a multiple, that could be an added challenge."

Mr Carrington felt that the health minister had certainly taken on board a lot of what the profession had been telling him and that alongside the threats there were several big opportunities.

He said he saw a lot of potential in pharmacists getting involved in prescribing, either in terms of just repeat prescribing or actually as independent prescribers in their own right.

Medicines management was another area of great opportunity for pharmacists and he pointed out that he had worked closely with the PSNC's Allen Tweedie on the proposals.

While the inclusion of medicines management in the Government's plans could be counted as one of the all too few recent successes, the NCC chief executive felt that the Royal Pharmaceutical Society often failed to look at the economic implications of its proposals.

"The Society seems to come forward with guidelines for professional development without actually looking at how it is to be paid for."

He gave the proposed split of the pre-registration year as an example of something that he was in favour of in principle, but where the practicalities and the cost involved in running such a scheme made it, in his view, impossible.

Abolition of RPM

"It would certainly have a major impact on the independent sector and a significant impact on companies such as ours," Mr Carrington said.

While he accepted that, as a multiple, the NCC would be able to

offset a lot of the negative effects of RPM being lost, he said that the reduction in OTC margins might well tip the balance between keeping a shop open or closing it.

Anticipating a reduction in the prices of OTC medicines, he said that NCC could probably cope with reduced prices in the short term. The problems would only arise if the supermarkets

were to continually lower their prices.

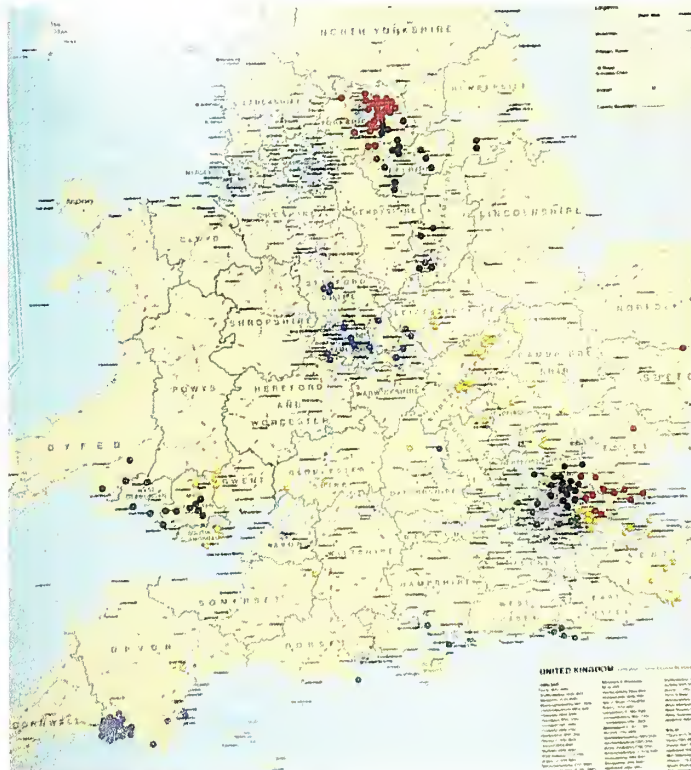
"We'd have to do the same just to maintain our market share," Mr Carrington said.

There was no doubt in his mind that it would be independent pharmacists who would be the worst affected, but he thought that rather than leading to outright closures the effect might well manifest itself through job losses and an increase in other pressures.

NPA/PSNC merger

With the NCC being an affiliated member of the NPA, Mr Carrington certainly had a word or two to say on the issue of a proposed merger between the two organisations. While not being opposed to the idea in principle, he felt that a merger should not be necessary in order for the two to be able to work together effectively. And then there was the sheer timing of it.

"Now is certainly not the time when two major bodies in pharmacy should look internally at themselves, trying to determine the constitution and membership of a joint organisation when what they should be focusing on is Lord Hunt's presentation and the changes that are rapidly taking place."



The map highlights the distribution of all National Co-operative Chemists throughout the UK

Important Announcement

Big Really Does Mean Better!



Warner Lambert and Pfizer Consumer Healthcare have joined forces to become the UK's No.1 consumer healthcare company, combining the unique strengths of both businesses to create a dynamic, new force in self-medication.

This merger creates an enhanced portfolio of leading pharmacy brands, including three of the top 10 pharmacy best sellers – Calpol, Benylin and Sudafed, and two of the top three new products launched in the last five years – Diflucan One and Benadryl Allergy Relief.

Warner Lambert Consumer Healthcare now has products caring for customers throughout their lives. This exciting

partnership promises a commitment to producing innovative products, expanding the market through 'POM to P' switches, as well as ensuring first-rate customer service.

The dynamic, entrepreneurial spirit embodied in the new company will make it not just a UK giant but a major player in the global market. The merger will enable WLCH to deliver better products which are backed by a global expertise, and provide for the needs of customers of both today and tomorrow.

In partnership with community pharmacists, WLCH is committed to delivering a new set of standards of excellence in health care products.



**Warner Lambert
Consumer Healthcare**

Some of the many success stories

The Baby Story

Calpol has been helping parents look after their children since 1966. The brand has developed its own 'family' of products that play an important part in parents' lives and can be found in the medicine cabinet of nearly every family with young children. It is no surprise that Calpol is a market leader and is currently the fifth largest brand in pharmacy.

The Allergy Story

Hayfever is a debilitating condition that causes distress and misery to



Contains acrivastine

millions of
adults and
children alike
every year.

Benadryl Allergy

Relief is active in 15

minutes and combats sore, itching eyes, runny noses and

other allergy symptoms. Sufferers can be assured of rapid, effective action and its popularity has made it the fastest growing brand in the sector.

The Women's Story

The pain and misery of vaginal thrush blighted many women's lives until Diflucan One came along. With just one oral capsule, women gain fast relief and can continue with normal living. Needless to say, Diflucan One is being seen by more and more women as an ideal way to treat thrush.



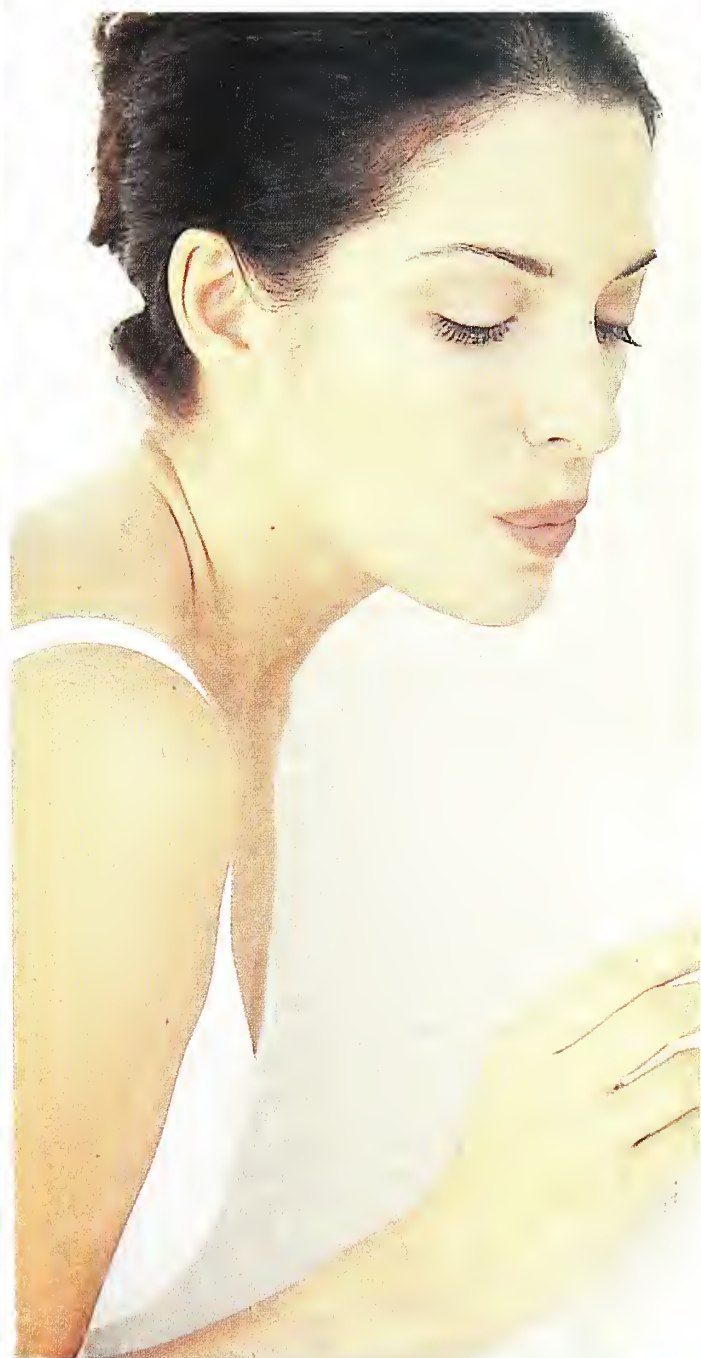
Contains fluconazole

Benadryl Allergy Relief Presentation: Capsules containing 8 mg Acrivastine. Uses: symptomatic relief of allergic rhinitis, including hay-fever. Also for allergic skin conditions. Dosage: Adults and children 12 years and over: one capsule up to 3 times a day. Not for use in the elderly (over 65 years). Contra-indications: Not for use in patients with known hypersensitivity to acrivastine or triprolidine or with significant renal impairment. Precautions: It is usual to advise patients not to undertake tasks requiring mental alertness whilst under the influence of alcohol and other CNS depressants. Caution during pregnancy. Side effects: Reports of drowsiness are extremely rare. Price (ex VAT): 12s £4.35, 24s £7.55. Legal category: P. PL Holder: Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. PL number: 15513/0035. Date of preparation: October 2000

Diflucan One Presentation: Capsule containing 150mg fluconazole. Uses: vaginal candidiasis. Dosage: Adults (16-60 years): one oral capsule. Contra-indications: Hypersensitivity; pregnancy; co-administration of terfenadine and cisapride. Warnings: Adequate contraception necessary; not recommended whilst breast-feeding. Consult your doctor before taking if you have jaundice, liver, kidney or other chronic illnesses. Interactions: Relevance to single-dose use not yet established: anticoagulants, astemizole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifabutin, rifampicin, tacrolimus, terfenadine, theophylline, zidovudine. Side effects: nausea, abdominal discomfort, diarrhoea, headache, rash and rarely anaphylaxis. Legal category: P. Package quantity and price: pack containing one 150mg capsule: £7.12. PL number and holder: 1906/0017, Pfizer Consumer Healthcare, Wilsom Road, Alton, Hants GU34 2TJ. Date of preparation: October 2000.

The Cough and Cold Story

Few people get through the winter without developing at least one seasonal ailment, such as a cough or cold. Benylin is the flagship of WLCH's range of products in the cough and cold sector, and one of the best known names in pharmacy. Benylin's comprehensive range provides a product suitable for almost every combination of symptoms.



The Oral Hygiene Story

Listerine Mouthwash, already the UK's No 1 mouthwash, was awarded the British Dental Association accreditation in June 1997 and has gone from strength to strength ever since. The unique formulation is clinically proven to reduce plaque bacteria by up to 50% when compared with brushing alone. A new addition to the range, Tartar Control Listerine is also clinically proven to prevent plaque bacteria and build up of tartar.

Watch this space for more success stories!

What Warner Lambert Consumer Healthcare offers you

An extensive brand portfolio that represents the best in OTC medicines for your pharmacy and your customers

- Strong marketing investment to drive customers in-store
- Global category expertise to grow and develop global brands and promote key categories
- 'POM to P' switch expertise to develop new products and grow the overall self-medication market

Switching on to OTC

Warner Lambert and Pfizer have been responsible for some of the most successful 'POM to P' switches in recent years. Diflucan One's switch in 1995 created a new category in the treatment of vaginal thrush. The market is now worth a massive



£20 million and is growing at 7% year on year. Diflucan One is the fastest growing brand with annual sales increasing by 13% – well ahead of all its topical rivals. In addition, Diflucan One provides pharmacists with a high profit margin.

Its fast action and all-round allergy effectiveness has made Benadryl a runaway success story in switches. It remains the fastest growing brand in the allergy sector.

The combination of Pfizer's prescription experience and Warner Lambert's OTC expertise will allow more products to enter the OTC market through 'POM to P' switches.

And there's more to come!

Warner Lambert and Pfizer have provided the OTC market with a recent, steady stream of new products – Diflucan One, Benadryl Allergy Relief, Calpol Sachets, Listerine Tartar Control, Benylin for children, Sudafed Dual Relief and Calrub – to



name but a few. Product innovation will continue to be a major focus for WLCH. A pipeline of block-busting new products is en route to market and 2001 will herald the launch of several new products in the self-medication market.

Size Really Does Count!

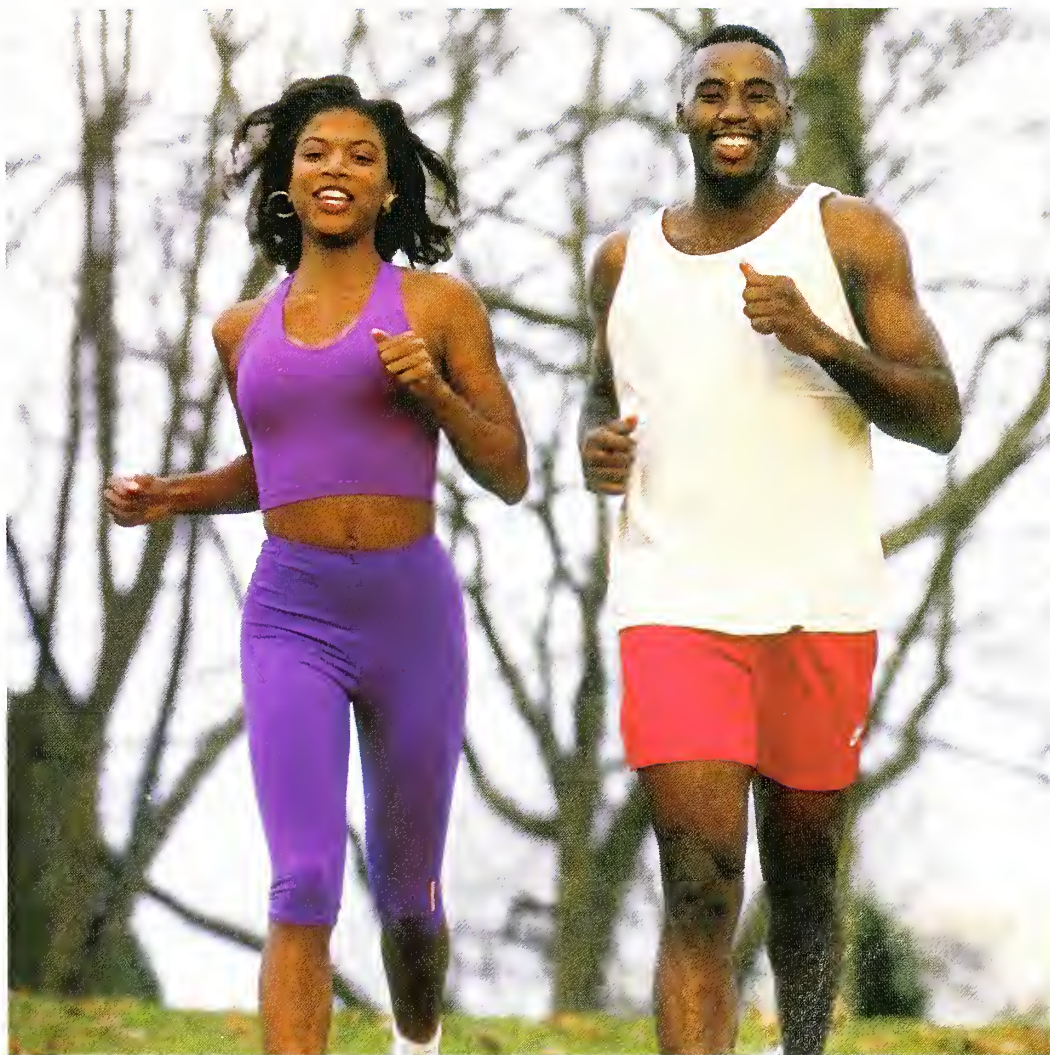
WLCH will continue to build on the already established commitment to deliver high quality customer service. As one single company, it will create an improved supply chain, which will respond promptly and effectively to meet all customer needs.

All products can now be ordered through the WLCH Customer Service Group in Eastleigh to give a one-stop shop for all ordering and distribution requirements. WLCH promise to deliver within three days. Further information can be obtained by speaking directly to your Customer Service Contact on 023 8062 3678.



**Warner Lambert
Consumer Healthcare**

The sexual divide



One man's optimal nutrition may be a woman's imperfect diet. **Tamsin Maxwell**, Vitabiotics' communications manager, explains the thinking behind targeted dietary supplements for men and women

Men and women have different physiques, so when it comes to looking after their health, certain vitamins and minerals may be more important to one sex than the other.

For couples who eat similar diets or share meals, diverging nutritional needs may come as an awkward surprise. Supplements are a convenient way to help achieve optimum nutrition for men and women, but if customers want a supplement that focuses on their specific health interests, what should they look for?

For women

Women's fluctuating hormones can be related to a whole range of symptoms from bloating to mood swings. What many women don't know is that hormone changes can also cause variations in mineral metabolism that may help explain some premenstrual characteristics. Calcium, vitamin D and magnesium levels all vary across the menstrual cycle, and cyclical alterations in the ratio of calcium to magnesium in the blood are capable of producing well-known symptoms of premenstrual syndrome (PMS)¹.

A recent study published in the *Journal of the American College of*

Nutrition noted that "the similarity between the symptoms of PMS and hypocalcaemia is striking"².

In women's supplements, a balance of calcium and magnesium of about two to one is important³. But because calcium is bulky it is impractical to include more than just a token amount in a multivitamin. A separate calcium supplement with the recommended daily allowance (RDA) of magnesium solves this problem and has the added benefit of safeguarding bone health – an important consideration for women who are at risk of bone loss later in life.

Mixed B vitamins are also the key

for women who experience premenstrual mood changes. As B vitamins are involved in the functioning of the central nervous system, helping to insulate nerve cells in much the same way rubber sheathing insulates electrical wires, they play a role in emotional wellbeing.

A recent review of nine published trials of the effectiveness of vitamin B6 in the management of PMS noted an overall improvement in the premenstrual symptoms of more than twice the number of women given vitamin B6 compared with placebo⁴. Vitamin B12 and folic acid also appear important to emotional health, with low levels linked to depression.

In Vitabiotics' formulas, Wellwoman contains more than twice the amount of B6 and B12 as does Wellman. Wellwoman also has 400mcg folic acid, as recommended by the chief medical officer for women who are trying for a baby and until the 12th week of pregnancy. A good supplement should take into account that pregnancy is not always planned and many women are not aware they are pregnant until well after conception.

Starflower oil or evening primrose oil, two of nature's richest sources of gamma linoleic acid (GLA), may be another supplement to consider for women. GLA is vital for the formation of prostaglandins, which help maintain premenstrual health and play an important regulatory role in many other areas. Evening primrose oil also contains linoleic acid. GLA can be manufactured in the body from linoleic acid, which must be absorbed from food because our bodies cannot manufacture it. Linoleic acid helps to maintain skin structure and retain water in the skin tissue.

For men

Men typically lack interest in health issues, with almost a third of men under 40 tolerating symptoms of poor health until they go away⁵. But this doesn't mean men cannot help themselves by achieving optimal nutrition.

For the health of sperm and the sperm's motility or ability to swim, vitamin E is important, as is copper, which is released from the prostate gland. But zinc is arguably the most important nutrient for male reproductive health. A supplement for men should therefore include the RDA of this mineral.

Zinc is found in the head of sperm, and helps maintain the functional life span of the sperm once ejaculated⁶. Serum testosterone concentrations and seminal volume are also sensitive

Continued on P27 →



*Bring the
Mediterranean
into
your pharmacy*



Olive oil can help maintain a healthy cholesterol level, keep joints supple, and care for skin. It's rich in monounsaturated fat and in vitamin E.

New OleoMed capsules contain olive oil at its very purest - extra virgin olive oil.

Two capsules daily can bring benefits to your

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OleoMed is available with extra virgin olive oil alone, and with additional food supplements*.

Whether it's extra virgin olive oil, or extra virgin olive oil with extra supplements, OleoMed always offers extra profits.



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EXTRA VIRGIN OLIVE OIL IN SOFTGEL CAPSULES

*The OleoMed range includes:

Extra virgin olive oil • Extra virgin olive oil with Evening Primrose Oil • Extra virgin olive oil with Calcium • Extra virgin olive oil with Omega 3, Omega 6 & Vitamin E • Extra virgin olive oil with Garlic • Extra virgin olive oil with Ginkgo biloba

For further information contact:

Pharmax Ltd, Bourne Road, Bexley, Kent DA5 1NX. Tel: 01322 550550

Table 1: Key nutrients in sex-based nutrition

Nutrient	Women	Men
Vitamin C	Increase above the RDA	Increase above the RDA
Vitamin E (natural source)	Increase above the RDA	Increase above the RDA
Vitamin E (synthetic)	Increase above the RDA – need twice as much to achieve same benefit as natural vitamin E	Increase above the RDA – need twice as much to achieve same benefit as natural vitamin E
Vitamin B6	Increase above the RDA to help emotional wellbeing in premenstrual health	
Vitamin B12	Increase above the RDA to help emotional wellbeing	
Folic acid	400mcg in case of conception	
Natural mixed carotenoids	High intake	High intake
Bioflavonoids complex	High intake	High intake
Iron	Important to replace blood lost during menstruation	
Magnesium	Must be balanced with calcium for premenstrual health	
Calcium	Must be balanced with magnesium for premenstrual health	
Zinc		Important for health of sperm and testosterone levels
Selenium		Important to help reduce risk of prostate cancer: 150-200 mcg daily
Starflower oil	May help with certain aspects of premenstrual health	
Evening primrose oil	May help with certain aspects of premenstrual health, plus healthy skin	

vitamins and minerals are required by both sexes to stay healthy. There are also areas in which both men and women might benefit from increased intake. Anti-oxidants like vitamin C, E, carotenoids and bioflavonoids all help to protect against free radicals which can damage cell membranes, protein and DNA, resulting in ageing of cells and impairment of the immune system.

Men may be interested in keeping up their anti-oxidant intake to help maintain a strong immune system, especially if they are among the majority who prefer not to visit a doctor.

Women may be more interested in the ability of anti-oxidants to help defend against free radical induced ageing and wrinkling of the skin. In either case the underlying mechanism, and the nutritional antidote, is the same.

Increased levels of anti-oxidants are desirable for both sexes, and it is worth noting the difference between the natural and synthetic forms where these are available. Natural vitamin E is twice as bio-available as synthetic, and synthetic carotenoids only contain beta-carotene (one of the six most common carotenoids). Natural carotenoids contain a complete mixture of all these protective plant pigments, so they more closely approximate the carotenoids found in the diet.

When looking at supplements marketed directly at men or women, take a moment to review the back panel and see if the manufacturer's claims are reflected in nutrient levels tailored to that sex. A well-designed formula will not only benefit your customers' health, but allow you to make a professional recommendation with confidence.

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Table 2: Average Nutritional Intake in the UK

Nutrient	UK Average Daily Intake*	% EU labelling RDAs
Calcium	800 mg	100
Iron	9.8 mg	70
Zinc	7.5 mg	50
Magnesium	222 mg	74
Thiamin(B1)	1.36 mg	97
Riboflavin(B2)	1.68 mg	105
Niacin equivalent(B3)	26.1 mg	73
Vitamin B6	1.9 mg	95
Vitamin B12	6.8 mcg	680
Folic acid	241 mcg	121 (60 per cent recommended level for women planning pregnancy)
Vitamin C	59 mg	98
Vitamin A (total retinal equivalent)	780 mcg	98
Vitamin D	3.25 mcg	65
Vitamin E	9.79 mg	98

* From 'Table B9: Nutritional value of household food' Intake per person per day, National Food Survey 1998, Ministry of Agriculture, Fisheries and Food.
RDA = Recommended daily allowance
mg = milligram
mcg = microgram

→ Continued from P25

to short-term zinc depletion. This should be of particular interest to men who are very sexually active. Men can lose up to 5mg zinc every time they ejaculate!

Prostate cancer is a more sensitive topic which men try to avoid. But microscopic cancer is found in the prostates of about 20 per cent of men by the time they are 30, and the incidence increases steadily. By the time a man is 90 years old he has almost a 100 per cent chance of having some cancerous cells in his prostate¹.

Supplementation with around 200mcg selenium daily has been shown to reduce the incidence of prostate cancer by up to 63 per cent². Another study, which followed 33,000 men for seven years, found that men with the highest levels of selenium had a 35 per cent lower risk of advanced prostate cancer compared to men with the lowest levels³. Men should be looking for a supplement containing around 150-200mcg selenium, even though there is no RDA for this mineral.

Shared biology

Of course, there's no denying that certain amounts of all the major

The VMS market in the UK is growing steadily, but there is room for even greater growth, especially in herbals

VMS: harness the potential

Key drivers in the VMS market are a growing health consciousness, an interest in natural healthcare, the rising cost of ill health and an ageing population. Another driving force in recent years has been brand investment.

"VMS is all about positive health, helping people to stay healthy in an increasingly hectic, stressful and ageing society," says Tim Hardman, Seven Seas marketing director.

The market is worth £355 million, growing at 6 per cent, but UK market penetration is still only 42 per cent, compared with over 60 per cent in Germany and the US. Further growth will come from encouraging new users to start taking supplements, and the most successful brand and retail strategies concentrate on attracting this group.

"The scope for further growth is enormous," says Mr Hardman.

Consumers do not see VMS as a single category but as a number of different categories comprising products with distinct benefits.

An example is multivitamins, which consumers have traditionally taken 'just in case' they did not get enough vitamins from their diet. But because there is no immediate perceivable benefit, people who take multivitamins tend to take them less often than other supplements. Adding probiotics to a multivitamin in Advanced Formula Multibionta encouraged growth in the sector as a whole, claims category manager Peter Andrews.

With fish oils, research showed a wide range of consumer preferences, so the cod liver oil range caters for different age groups and lifestyles,

with its different strengths, combinations with other vitamins and licence for joint pains.

Worth £68m, cod liver oil is consumed more regularly than any other supplement. Seven Seas says this sector is particularly important for pharmacy, driven as it is by the core benefits of relieving joint pain and stiffness. Key growth areas are high strength and once-a-day/plus variants.

The fastest growing area of the VMS market is herbals. Healthlife says this sector has seen a 25 per cent growth in value over the past year, although it still accounts for only 8.7 per cent of the market compared with 25 per cent for fish oils and 22 per cent for multivitamins.

The company quotes year-on-year value growth figures of:

- Cranberry forte 115 per cent
- Echinacea 250 per cent
- Ginger 69 per cent
- Ginkgo 51 per cent
- St John's Wort 53 per cent.

Pharmacists need to be aware of these trends, says category manager Hilary Collins, as customers in search of alternative products are likely to go to traditional outlets such as pharmacies, knowing that expert advice and guidance is on hand.

Merchandising

Roche Consumer Health says that, while pharmacies (excluding Boots) account for £64.3m sales, these fell 3.6 per cent in the past year. Pharmacies are still squeezed by supermarkets and health food stores, says Paul Ardron, vitamins category manager, trade marketing.

But pharmacists still have the advantage of being trusted healthcare advisers. They should therefore try to promote the messages of health maintenance and illness prevention, supported by a high level of in-store expertise.

Roche's research has shown that the biggest deterrent when buying VMS is the vast array of products available. Customers often walk away empty handed because they are confused. One way to help them is to segment the fixture into simple, uncluttered sections, such as everyday good health, energy, healthy joints and healthy immune system.

Moving the VMS fixture near to the dispensary and medicines counter helps create the link between VMS and preventive healthcare.

Other tips from Roche are:

- stock a core range of the top 50 lines
- don't clutter the fixture with slow-selling brands
- keep up with new product launches from big manufacturers
- make sure multivitamins and vitamin C are clearly visible at eye level as these are the main areas for new consumers.

Seven Seas' research shows that consumers shop for VMS mainly by brand and benefits. Because the public sees the VMS market as separate sub-sectors, pharmacists should focus on brands that offer distinct benefits, are heavily supported and encourage growth. The company's merchandising materials include unbranded sector headings.

In addition, pharmacists are in an excellent position to interact with consumers and recommend products that meet their specific requirements, such as suggesting that probiotics might be useful after a course of antibiotics.

The growing herbals sector is capable of further development. Seven Seas points out that the health food trade has been quick to see these opportunities by developing sub-sectors in-store devoted to a range of targeted herbal supplements.

Lichtwer Pharma UK suggests that herbals warrant a separate shelving planogram to differentiate them from vitamins and minerals. Managing director Paul Kerry recommends displaying by health need, such as sleep, stress and so on, using herbal products containing a scientifically-evaluated dose of standardised extract.



Multibionta is a fast mover, giving a boost to the whole multivitamins sector

"Herbals will continue to exhibit strong sales growth only if the pharmacist insists on selling products with a scientifically-proven record of safety, quality and efficacy," he says. Consumers are confused if the same herb is available from many different companies, so the best approach is to give priority to the leading brands, which are investing most in terms of research and promotion.

Herbals should be sited close to the pharmacy counter. "And make sure one counter assistant is available who is trained in herbal medicine," Mr Kerry advises.

Vitabiotics says that even small independents can benefit from category management, not just by more profits, but by persuading consumers that their local independent is the best place to buy health and beauty products.

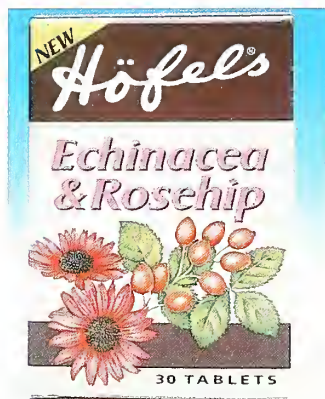
As the first port of call for information on health, pharmacists can educate the public on the responsible use of nutritional supplements and increase sales by verbally promoting products in-store, the company says.

Current thinking has focused not simply on avoiding deficiency, but on the levels of certain ingredients needed for optimum health and to protect against degenerative conditions. Pharmacists can help raise awareness of the benefits of supplementation above normal intakes.

VMS is the largest OTC sector, and is driven by research and innovation. Consequently, it is constantly developing with new profit opportunities. Pharmacists should make sure they stay on top of purchasing trends, says Vitabiotics.



Seven Seas, operating in a joint capacity



Echinacea is a current star of the herbals market. Höfel's Echinacea and Rosehip offers its benefits combined with vitamin C from a familiar, traditional source

New on the scene...

Health & Diet Co's FSC B Supreme 50 contains the full range of B vitamins at 50mg each compared with the previous 15mg

Lichtwer Pharma's latest herbal supplement is Aria for women. It contains isoflavones derived from soya, together with vitamins and minerals, including vitamin E and B12, folic acid, selenium, boron, and calcium. The launch is being supported by a £1 million campaign.

Marigot Health Products has introduced Aquacal Nature's Calcium and Osteo-Health Organic, based on seaweed rich in calcium and minerals.

Nutricia has launched a Pokémon vitamins range for children and 11 VMS products for adults, including Multiman and Multiwoman Formulas.

Seven Seas launched Visioncare High

Top five brands

(All outlets, including health food stores)

MULTIVITAMINS

1. Own label
2. Sanatagen Gold A-Z
3. Sanatagen Multivitamins
4. Centrum Care
5. Seven Seas Multivitamins

COD LIVER OIL

1. Seven Seas
2. Own label
3. Imedeen Fish Oils
4. Nature's Aid
5. Healthlife

VITAMIN C

1. Own label
2. Sanatagen High C
3. Redoxan Slow Release
4. Healthcrafts Vitamin C
5. Health Aid Vitamin C

52 weeks ending September 10
Source: Information Resources

Strength Bilberry Extract in response to increasing evidence that some age-related eye problems can be prevented by good nutrition. Bilberry is rich in anti-oxidants and the flavonoids, anthocyanosides.

Promotions

Bio-Synergy continues to promote its brand in lifestyle magazines and by supplying national and international sports clubs. Over 5 million adults are members of a gym or leisure centre, so ignoring sports nutrition "could be to your long-term detriment", the company says. "Indeed, the pharmacist willing to learn more about the products and offering professional advice could expect to build and retain a high spending customer base."

Lichtwer Pharma UK will spend over £3.5m next year supporting Kwai, Kira, Ginkyo, Cynara, Aria and Bromelin. A herbal medicine training module is available from Dr Dick Middleton on 01628 487780.

Continued on P30 →



Bassett's Soft and Chewy returned to GMTV and Channel 5 this autumn, as children get back into their daily routine of vitamin taking. Ernest Jackson & Co says sales of the Jelly Babies range increased 32 per cent between April 1999-2000. Another campaign starts in January



Vitabiotics' Wellman has a new blue, white and silver livery with a revamped sports logo to cement its image as a supplement for both fitness and hectic lifestyles. The Premier League Leeds United football team has adopted the supplement for use in training. David Hancock, the team's head physio, says blood tests showed that players' vitamin and minerals were not being kept to an optimum level, despite increasing their normal dietary intake. The supplement is now used alongside carbohydrate loading. Other sports teams using the supplement include the British Biathlon team

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→Continued from P29



Nestlé is aiming for younger, health-conscious consumers by positioning Build-up as a nutritious product for health maintenance, as well as for helping people to get back on track after illness. A fact sheet, 'Nutrition matters', giving advice on healthy diet is available from Nestlé Customer Services on 0800 000030

Seven Seas' £10m support package is mainly aimed at recruiting new users. A £5m package for cod liver oil includes posters, bus advertisements, radio and national television advertising. Advanced Formula Multibionta is backed by £3.5m on press, outdoor posters, radio and national television. Haliborange will be supported by £1m this autumn and winter; the brand returns to television with a 'bursting with taste' commercial. Hofels is concentrating on public relations and a £1m press campaign.

Vitabiotics' consumer advertising campaigns this year include £400,000 on Cardioace, £500,000 on Menopace, over £1m on Perfectil and £250,000 on Visionace. Jointace marketing aims at two distinct groups - primarily men and women over 45 with an interest in maintaining healthy joints, and those involved in sport who are placing additional strain on their joints and muscles.

Whitehall Laboratories is sponsoring a pharmacy support programme for Caltrate Plus. The aim is to encourage pharmacists to ask customers at risk from significant loss in bone density, such as post-menopausal women, what they are doing to maintain their bone health. After completing a short questionnaire, customers are given advice or referred to a GP.

How tired is tired?



Daily fatigue, lack of energy, feeling low... what's the difference? Plenty, say manufacturers who offer different solutions for different degrees of droopiness.

In the late 1990s Boehringer Ingelheim identified daily fatigue as a new OTC category, with the potential to become even bigger than analgesics. Research revealed that over two-thirds of the population suffered from daily fatigue, but 80 per cent did not treat it. Enter Pharmaton capsules to tackle the problem.

The category is now worth £14 million and growing in value by 29 per cent, says Andy Brough, self-medication marketing manager. Since the nationwide launch early in 1999, the company has spent £4.6 million on television advertising. National radio and press campaigns next year will target busy 30-something women with families.

Pharmaton has the advantage of being a licensed medicine, he explains, so the company can promote it with clinical evidence that it works and pharmacists can recommend it as a treatment. Consumers can therefore gain a better understanding of the product, whereas they often find natural health supplements lacking in information.

"Our advertising is very much about making people aware they can treat daily fatigue and the pharmacist can help," he says. Research has shown that 50 per cent of people consult the pharmacist before buying the product. The company has a training web site specifically for daily fatigue and sales

representatives can run staff training sessions in-store.

If pharmacists want to grow their sales in VMS as a whole, they should exploit their ability to talk authoritatively about the products, he adds.

Roche Consumer Health claims that massive consumer demand for products to help replenish flagging energy levels has led to a more defined sector in the VMS market. Research shows that over 20 million adults in the UK experience problems of low energy, with up to 23 million people suffering bouts that last for weeks or months.

Supradyn Recharge is aimed at consumers who are going through demanding periods in their lives, such as changing houses or spouses. They may not be eating as they should and might be experiencing tiredness and lethargy. Seasonal changes are the single biggest cause of energy lows.

Roche's research also showed that consumers turn to energy products for three main reasons - to give an immediate boost, to recharge the body when feeling generally run down and to optimise peak performance.

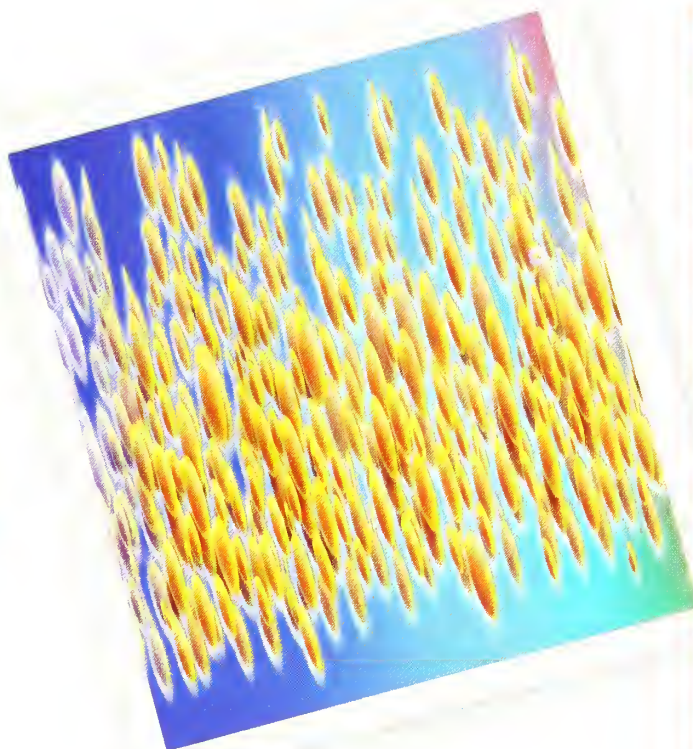
Supradyn Recharge sits between 'quick fix' products, such as caffeine-based energy drinks, and Berocca, which fits in the peak performance category, targeting people in stressful jobs who want to stay on top.

The Supradyn Recharge launch is backed by a £5m package, with advertising running throughout the winter months.

Boehringer Ingelheim's Andy Brough believes the tiredness market is big enough to cope with competition. "We're all trying to grow the category in different ways," he says.



Roche Consumer Health is promoting the relaunched Sanatogen range throughout the autumn with a £3million national advertising campaign using television, radio and press. Sanatogen Gold A-Z uses the new slogan 'Just making sure'. The range has been rationalised, with full information leaflets, to make it easier for consumers to identify the most suitable product and to emphasise premium lines. Advertising for Redoxon runs through the main colds and flu season



Harnessing your gut reactions

Professor Glenn Gibson, head of the Food Microbial Sciences Unit at the University of Reading, discusses how beneficial bacteria can help the body fight infections

Most people think of bacteria as harmful, and some types are, such as the organisms responsible for food poisoning (*campylobacter*, *salmonellae*, *listeria* and certain strains of *E coli*). However, most microbes are not pathogenic and some are very important to human health.

Microbial functions have long been used to produce fermented foods such as cheese, wines, beers and bread. Now, modern biotechnology exploits the enzyme activities of beneficial bacteria to produce pharmaceuticals such as antibiotics.

There is a large and diverse range of bacteria in the human intestinal tract and they are thought to contribute about 95 per cent of the cells in the body. They also play a significant role in the digestive process and life would be very uncomfortable, if not impossible, without them.

The human colon is a densely populated microbial ecosystem and it is now accepted that the large gut flora play a major role in human pathogenesis and health. The composition of this microbiota can be influenced through diet, so that micro-organisms which are benign or even 'health-promoting' can be encouraged.

Modulating microflora

Diet clearly plays an important role in maintaining and improving human health by providing growth substrates for the microflora. The gut microbiota components can be categorised according to whether they are potentially pathogenic or health-promoting.

Genera which produce lactic acid, such as the *bifidobacteria* or *lactobacilli*, are beneficial and have a well-established health image. It therefore makes sense to use these for dietary modulation.

Probiotic use

The use of probiotics as health supplements is widely accepted. Foods such as fermented milk products containing viable cultures seen as beneficial (eg *lactobacilli*, *bifidobacteria*) are used to encourage the growth of microflora in the gastrointestinal tract. Probiotics are defined as live microbial feed supplements which benefit the host by improving the intestinal microbial balance. In the UK their use is fairly widespread and fermented milks or yoghurts are popular delivery systems. Freeze-dried forms are available as capsules, tablets or pellets.

Probiotics are very successful commercially and many different strains and products are available. Their estimated annual market value in Europe is about 1 billion euros.

Evidence of probiotic intake by humans dates back over 2,000 years, but scientific evidence of their value was not available until the start of the

20th century. The founder of probiotics was Dr Elie Metchnikoff, who worked at the Pasteur Institute in Paris. Dr Metchnikoff observed the longevity of Bulgarian peasants and associated it with their high intake of 'soured milks' - what we now call probiotics.

Effects on pathogens

Probiotic foods and supplements are beneficial in a several ways. The micro-organisms they contain can improve resistance to pathogens. In particular, lactic acid excreting micro-organisms are known for their inhibitory properties and are useful in countering the viruses, protozoa, fungi and bacteria which can all cause problems such as acute gastroenteritis.

There are a number of potential mechanisms by which positive micro-organisms can reduce intestinal infection. Metabolic end-products, such as acids excreted by these micro-organisms, can lower the gut pH to

levels below those at which pathogens can effectively compete. Many *Lactobacilli* and *Bifidobacteria* species can also excrete natural antibiotics which can have a broad spectrum of activity.

For the *Bifidobacteria*, our own studies have shown that some species can exert antimicrobial effects on various Gram positive and Gram negative intestinal pathogens. This includes the verocytotoxin strain of *Escherichia coli* 0157:H⁻ which, in 1996, was responsible for 21 fatalities in an outbreak of food poisoning in Wishaw. All those who died in this outbreak were elderly: old people are known to have lower levels of beneficial gut bacteria.

Other helpful mechanisms include improved immune stimulation, competition for nutrients and blocking pathogen adhesion sites in the gut.

Significant efforts are being made to eliminate harmful bacteria at all stages of food production and distribution, and this makes sense. However, infectious organisms do not cause any problems until they have actually been ingested and are in the gut. The best way to prevent food poisoning may be to fortify beneficial intestinal flora to improve resistance to invasion, and this is clearly achievable with probiotics.

Some chronic gut-related conditions which are thought to be due to microbiological pathogens could also be prevented or treated by altering the gut flora. Examples include ulcerative colitis, bowel cancer, peptic ulcers, pseudomembranous colitis and *Candida* induced conditions.

Microbiota and IBS

Irritable bowel syndrome (IBS) probably takes up more GP time than any other disorder. IBS is characterised by irregular bowel movements and general malaise.

While some hypotheses have linked IBS with stress, there is stronger evidence that gut dysfunction is involved. In particular it is thought that the microbiota of the large intestine play a key role in IBS onset and maintenance.

Attention has been drawn to the relationship between yeasts such as *Candida spp* and symptoms associated with the disorder. Antimicrobials, such as nystatin, which are used to treat yeast infections, may trigger the start of IBS. One hypothesis is that the gut flora of IBS sufferers has compromised

indigenous probiotic activities. In fact, it has been estimated that half of all patients with IBS show abnormal colonic fermentation, indicating an altered flora. This may be a result of diet, antimicrobials, or external factors such as stress.

Trials which will study the role played in IBS by intestinal flora, using molecular-based methodologies, are planned. The trials will also investigate whether probiotics can be used to fortify the gut flora of IBS patients.

Treating thrush

There have been a number of positive trials using probiotics to treat thrush. Probiotics in yoghurt, applied topically, have been successful in competing for binding sites. Orally-administered probiotics have also been used successfully to treat vaginal thrush. Their action can be ascribed to a reduction in the number of intestinal yeasts, which can act as a continuing source of vaginal reinfection by faecal contamination.

Hypocholesterol action

The lipid hypothesis suggests that dietary saturated fatty acids lead to an increase in blood cholesterol levels. This can deposit cholesterol in the arterial wall, leading to atherosclerosis and possibly coronary heart disease.

Some studies have hypothesised a role for the lactic microflora in systemically reducing blood lipid values. However, this has not been proved and there are contrasting data from trials with human volunteers.

Volunteer dietary trials should be carried out using a random double-blind placebo procedure, with unequivocal testing of bacterial changes and a range of human subjects.

Probiotic supplements

To be effective, probiotics must contain viable micro-organisms. These must remain stable and viable during production and while being used or stored. This can cause problems, particularly in large-scale production, and independent tests have shown that many supplements contain levels of probiotic bacteria well below the label claim. Most need refrigeration, but it is not uncommon for probiotics to be stored outside the refrigerator at all of the many stages from production to consumption. It is therefore wise to select a freeze-dried supplement that has been independently verified.

The probiotic should be able to survive in the intestinal ecosystem; many strains, although chosen partly for their resistance to acid, are still liable to be inactivated if exposed to stomach acid. An enteric-coated product would avoid this problem and allow the full bacterial content to be delivered into the large intestine.

Finally, the host should benefit from harbouring the probiotic and the organisms used should be generally regarded as safe.

Conclusion

Through research, it is now possible to test the effectiveness of probiotics and to discover the mechanisms by which

they prevent disease and promote health. Research tools include well-controlled volunteer trials, *in vitro* studies of mechanisms in validated model systems and high-fidelity molecular principles that accurately detect changes in functionality and gut flora composition.

The microflora of the gastrointestinal tract are the keys to the host's nutrition and health. Microflora modulation can occur through diets that contain probiotics. Inducing microbial change through diet offers an effective way of improving human health that is easily achieved and consumer-friendly.

Probiotics in practice

Steven Kayne, PhD FRPharmS, FCPP, a Glasgow community pharmacist, looks at the background of probiotics and how they could be used in an OTC environment

Probiotics such as fermented milk have been part of folk medicine throughout history. However, the first specific biotherapeutic agent is believed to have been used in 1885, when Cantini sprayed *Bacterium termo* into a patient's lungs to treat pulmonary tuberculosis.

In 1894, *in vitro* studies carried out by the Russian biologist Dr Elie Metchnikoff suggested that intestinal flora played a significant role in protection against disease.

Dr Metchnikoff was instrumental in recognising the process of phagocytosis for which he shared a Nobel Prize. This work came to the attention of the general public in 1908, when his book, 'The Prolongation of Life', was published.

Dr Metchnikoff was one of the first scientists to acknowledge the relationship between disease and what he called 'the poisons' produced in the bowel, and he suggested that beneficial living bacteria can normalise bowel habits and fight disease-carrying bacteria.

In 1971, van der Waaij suggested the term 'colonisation resistance' for the protective effect of normal flora against pathogenic organisms. The

term 'probiotics' was suggested by Parker in 1974, to describe the use of living organisms in animal feed to promote healthy livestock and reduce mortality due to diarrhoea. An extension into human medicine was documented by Fuller.

What is a probiotic?

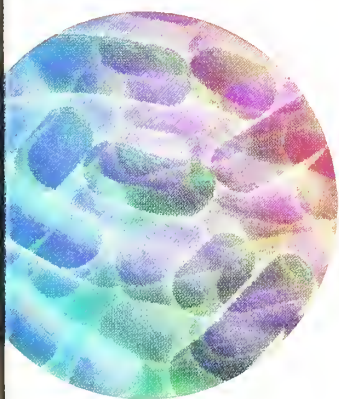
Probiotics are viable bacterial cell preparations, or foods containing viable bacteria cultures or components of bacterial cells that have beneficial effects on the health of the host. They include fermented foods and specially isolated and cultured bacteria and mixtures of bacteria with adjuvants.

Most of the common probiotics are lactic-acid producing bacteria, including species of *Bifidobacterium*, *Lactobacillus*, *Enterococcus* and *Streptococcus*. They are useful for treating disturbed microflora and increased gut permeability; these conditions are found in many intestinal disorders, such as acute diarrhoea, some food allergies, colonic disorders, and also in patients undergoing pelvic radiotherapy.

Probiotic research was neglected until about ten years ago, when a revival in health consciousness

A new market

Peter Andrews, category marketing manager for Seven Seas, looks at how pharmacies can make the most out of interest in probiotics



Probiotics are the most exciting of the new generation of functional foods. They help to restore the body's natural balance, which can be depleted by stress, illness or poor diets.

Yoghurts are the most familiar form of probiotic supplementation, but stomach acid generally kills off the probiotic bacteria they contain before they reach the intestines. Yoghurts also need refrigeration, which is a problem for some pharmacies, and they have a short shelf-life.

Some newer probiotic products are designed to ensure that the bacteria they contain pass safely through the stomach acid and are still viable when

they reach the intestines. Advanced Formula Multibionta, for example, has a protective enteric coating on the tablets. The product also contains multivitamins and minerals.

Like any other businesses, pharmacies must supply what consumers want in order to secure sales and profits. Pharmacies also need to introduce new customers to the VMS market and probiotics are an excellent way of doing this.

VMS products are driven principally by two things: the brand (with its advertising and promotional support) and benefits.

The multivitamin sector is the largest segment of the VMS market.

The most recent annual sales figure is £79.1m and the market has been growing by 3 per cent year on year, but has been held back by low consumption. Consumers take multivitamins occasionally, as a precaution, rather than daily and they are not sure whether they benefit from them. Seven Seas has overcome this problem by adding probiotics, which can help restore a healthy balance which is often at risk from hectic lifestyles. Instead of telling customers to take multivitamins just in case they are not getting what they need, this offers a positive benefit to encourage them to try the product and use it regularly.

Japan showed that the amount of total measured cholesterol was significantly reduced after taking *B. bifidum*.

In another study 820 travellers aged 10 to 80 years were recruited before visiting two holiday destinations in Turkey. They were randomised into two groups: one group was given *Lactobacillus rhamnosus* powder and the other a placebo powder.

The authors concluded that administering *Lactobacillus* can diminish the risk of travellers' diarrhoea. However, the design of the trial could not be considered robust. Other trials are reported in the 'Handbook of Probiotics'.

The preparation

Various probiotic micro-organisms can be isolated from the mouth, gastro-intestinal content and faeces of animal and humans by repetitive subculturing of the micro-organisms on suitable media. Common criteria used for isolating and defining probiotic bacteria and specific strains include the following:

- **Bile and acid stability** - important to ensure colonisation takes place.
- **Adhesion to intestinal mucosa** - adhesion to the intestinal cells is important for many applications.
- **Production of anti-microbial components** - lactic acid bacteria commonly produce a wide variety of antibacterial substances. These substances promote successful colonisation by improving the competitive advantage of the probiotic bacterial strain against the established normal strain of the GI tract.
- **Safety in human and veterinary use** - the safety of lactic acid bacteria used in clinical and functional food is very important. Lactic acid bacteria have a good safety record and no major problems appear in the

literature. However, cases of infection have occurred with other strains.

Products for sale in the pharmacy are prepared from freeze-dried ingredients which do not need refrigeration, unlike dairy products and other foods.

The market

Many people see consumption of probiotics as part of a healthy lifestyle. In 1998 the European probiotic yoghurt market was valued at £520m, with the UK market reported as being the fastest growing.

Probiotic use in animals may take the form of powders, tablets, sprays and pastes. For humans, fermented-milk products and OTC freeze-dried preparations of lactic acid bacteria are most commonly used.

A major problem with most existing brands of probiotics is that they appear to contain anonymous strains of bacteria with no documented probiotic properties and they are not enteric-coated.

Multibionta (Seven Seas) is among the most efficient products available, as it is enteric coated to ensure that the active ingredients - three specified bacteria - are still viable when they reach their intended target. This is essential if the bacteria are to be effective. The target for *Lactobacillus* is the small intestine and for *bifidobacteria*, the large intestine.

Use in the pharmacy

There are a number of situations in which probiotics could be suggested to customers. For example, they may be indicated in several common OTC situations, particularly those involving specific types of diarrhoea.

In diarrhoea following antibiotic administration, any or all of the

following bacteria may be of use:

Lacidophyllus, *L. rhamnosus*, *L. Bulgaricus*, *B. longum*, *Enterococcus faecium*.

For travellers' diarrhoea, the following probiotics may be indicated: *Lacidophyllus*, *L. rhamnosus*, *L. Bulgaricus*, *B. longum*, and *Streptococcus thermophilus*.

Other common uses for probiotics include:

- **Facilitating digestion**
- **Stimulation of the immune system**
- **Relieving symptoms of thrush**
- **Boosting resistance to infectious diseases of the intestinal tract**
- **Helping treat lactose intolerance**
- **Relieving the symptoms of IBS.**

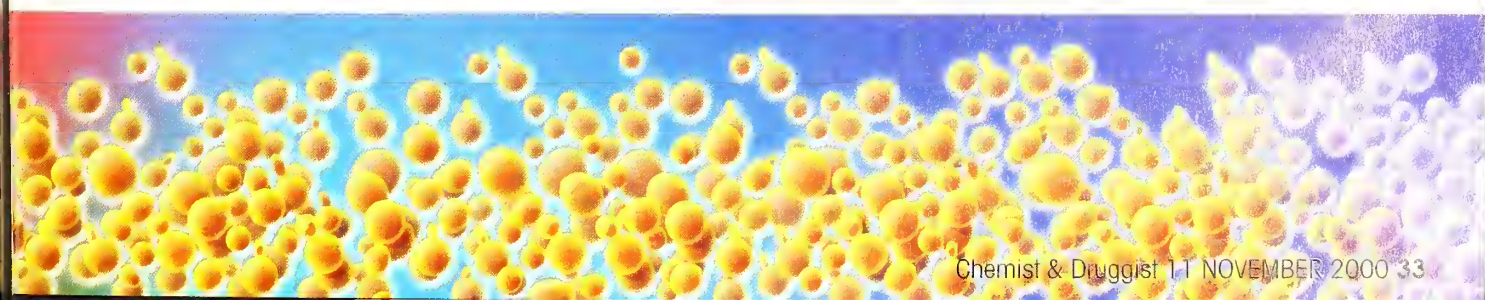
Conclusion

Experience shows that the idea of dealing with common diseases using what is seen as a 'natural' approach has stimulated considerable interest in probiotics.

Their use offers an interesting extension of what we, as pharmacists, can offer our clients. Over 53 clinical trials showing positive results have been located involving more than 6,000 subjects.

These indicate probiotics are successful in a range of situations that can be very difficult to treat with other available methods. However, not all the reported trials have been successful, but this is hardly surprising in view of the complexity of the problems.

To establish a local demand for probiotic remedies, pharmacy staff may need to adopt a proactive approach to selling. This means understanding the products and when they can be useful. If probiotic products are used in appropriate circumstances, considerable success can be achieved.



33 million
ad spend



she's Crawling with bacteria and she wants to thank you

Recognition that probiotics have considerable potential to contribute to modern healthcare is growing. Clinical trials indicate a number of beneficial effects. It has been shown that *Bifidobacteria* promotes the formation of large amounts of IgA - one of the body's principal disease-fighting antibodies. And *L. acidophilus* and *B. bifidum* have also been shown to support the immune system.¹

Probiotics may also be particularly useful as supplements, in two notoriously problematic areas - Irritable Bowel Syndrome and recurrent thrush. Controlled trials, successful clinical treatments and related observations all show that manipulation of the gut flora can help symptoms.

Multibionta is a multi-supplement, containing three intensively studied probiotic strains, together with all the essential vitamins of 100%, PDA, and minerals. And since it's enteric coated, the bacteria survive the harsh, highly acidic stomach acid. All of which makes Multibionta an ideal probiotic formulation to recommend to sufferers of recurrent IBS or thrush, or for the promotion of general good health.

Multibionta is available for your customers to buy. They'll thank you for it.

Recommend



The only complete multivitamin with probiotics

For more information, please visit our website at www.multibionta.co.uk or contact our clinical guide describing the use of probiotics in primary care.
Seven Seas Ltd, Hedon Road, Hull, England. HU9 5NJ

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Ring in painful changes

Hospital pharmacy is about to be re-engineered, and it will be a painful process, David Cousins, chief pharmacist at Southern Derbyshire Acute Hospitals, told a conference organised by *The Hospital Pharmacist* last week

David Cousins believes in Bill Gates' prediction that business is going to change more in the next ten years than it has done in the past 50.

In the 1980s industry was pulled along by the 'quality' agenda; in the 1990s it was re-engineered, and in the 2000s change is driven by digital information and services.

"Since the NHS is always ten years behind industry, this means it is going to have to 'surf' all three issues at the same time in this decade," he said.

The NHS is just getting the quality agenda with clinical governance and organisations like NICE and the Commission for Health Improvement. Re-engineering, in NHS terms, means NHS Direct, walk-in centres, nurse prescribing and evening hospital clinics.

The IT revolution includes e-BNF and e-data sheets, and it means informed patients. A 1999 American Society of Hospital Pharmacists survey showed that medication errors are

patients' greatest fear. "US patients are informed about the dangers of their hospital system," said Mr Cousins.

The NHS Plan acknowledges that the NHS is failing to deliver because of under-funding and lack of standards. The principles are sound but the process needs to change, he believes. 'Pharmacy in the Future' does make a passing reference to hospital pharmacy, but in reality, there is too much to do and too few pharmacists.

"Pharmaceutical care does not work and PCGs are sucking people out of hospital pharmacy right, left and centre," he said. "In the past ten years the hospital management structure has been stripped down and a whole layer of management removed."

A clinical director/general manager model needs to be introduced into hospital pharmacy, he argued. "We need to make it clear the chief pharmacist is not a business manager. His role must be that of 'medicines manager'."

Chief pharmacists are in danger of being forgotten in many parts of the NHS. Junior staff do not see the job as one they want to do.

PCG pharmacists are not implementing pharmaceutical care either. They are "managing the medicines management system". The only way that hospital pharmacists will establish that kind of control is to work with others - there are never going to be enough pharmacists to do the job.

Hospital pharmacy manpower is drying up. People who were recruited in the 1970s are nearing retirement. Where are the specialists coming from to replace them? he asked.

Perhaps it is time to consider having fewer hospital pharmacists and more support staff. A new grading structure is desperately needed, with chief pharmacists on a similar grade to medical consultants.

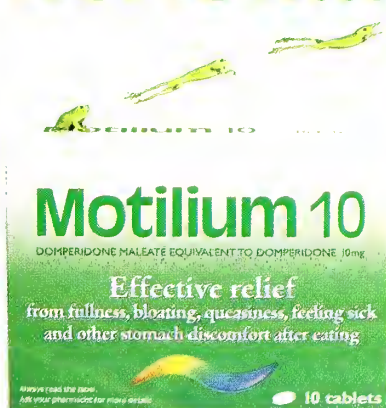
Hospital pharmacy does not make an impact with undergraduates, said

Mr Cousins. "The teacher practitioners from community pharmacy are doing a really good recruitment job." Hospitals need to find ways of fighting back, such as offering students paid internships during vacations and evening shift work. More second level courses are needed for pharmacy technicians, he said, warning that staff trained to such a level will challenge pharmacists in terms of knowledge.

Primary care trusts need to think about their manpower needs, he said. Having "plundered" over 500 hospital pharmacists to fill advisers' posts, they are now turning to technicians. PCTs must train their own junior pharmacists and technicians for the future.

IT suppliers provide what they want when they want to, and there is a lack of national standards for hospital pharmacy systems. "Let's have a national product database. We are the only country in Europe not to have one," said Mr Cousins.

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Boots cuts costs, not pharmacists

Additional cost savings of £100m by the end of the financial year will not be achieved through redundancies amongst pharmacists, Boots said as the company announced disappointing half-year results.

Ken Piggott, managing director of Boots The Chemists (BTC), said that the savings, which come on top of £160m that had been identified previously, would largely come from restructuring the organisation and a reduction of stock.

Mr Piggott revealed that pre-tax profits had fallen by 8 per cent to £230 million in the six months up to September. He said that particularly large exceptional costs, totalling £27.2m (£11.2 m at BTC alone), were partly responsible for the fall in profit. Group turnover rose slightly (1.3 per cent, amounting to £2.5 billion).

"We have had a pretty good half year on the back of sales growth which can only be described as sluggish," Mr Piggott continued.

He was also anxious to set the

record straight regarding the issues raised in the 'Health & Beauty Retailer Report 2000', recently published by Verdict (C&D November 4).

"We simply believe that their analysis of the market and Boots' position in it is not correct," Mr Piggott asserted.

The company had actually gained market share, he claimed, saying that EPOS data from an independent source would confirm this.

"It is not as dire as Verdict makes it out to be," Mr Piggott said, adding that the company was clearly watching very hard what the multiple grocers were doing and responding to it.

"We are increasingly differentiating our offer from the supermarkets by concentrating on premium value products and added services," he continued.

Total turnover at BTC rose by 2.4 per cent to £1.9 billion. The company said it was well on target to open between 20 and 30 new edge-of-town stores before the end of the financial year.

However, Boots Retail International,

recorded operating losses of nearly £20m, as stores in Thailand are now not expected to reach profitability until next year. There was an additional exceptional loss of £20m arising from the disposal of the Dutch stores.

Boots superintendent pharmacist Digby Emson said that Boots' withdrawal from Holland had been disappointing.

"We tried very hard to make it work but had to realise that the Boots The Chemists concept is, maybe, not appropriate for Western Europe," he said.

Boots' various internet ventures, including the wellbeing internet offer that was transferred into the wellbeing channel initiative with Granada Media and *bootsphoto.com*, recorded losses of £8.3m.

The City did not react kindly to the announcements, with the Boots' share price falling another 24.5p to 536.5p. The company's shares have virtually halved in value since January 1999.

The *Financial Times* reports that some city analysts have cut their fore-



Ken Piggott, managing director, Boots The Chemists: 'Boots had a pretty good year'

cast for Boots' full-year results on the basis of the six-months' figures, but Boots remained optimistic.

"This is now a business in transition, as we drive for a higher level of performance overall," said Boots' chairman, John McGrath, adding: "We remain confident about the results for the year as a whole."

A natural selection – for a tenner

Charles Darwin, the scientist and naturalist, has replaced Charles Dickens as the image of the new £10 note issued by the Bank of England on November 7.

Darwin's portrait will appear alongside images relevant to his life and work, such as a Galapagos hummingbird and the lever compressor lens.

Several security features have been included in the design, including a foil hologram on the note's front, switch-

ing between the number 10 and Britannia. Under ultraviolet light, a fluorescent number 10 will appear to the left of the hologram.

A windowed metallic thread is visible on the back of the note. The watermark and the print quality can also be checked if there is any doubt whether a note is genuine.

The old 'Dickens 10' will remain legal tender for the time being.



Internet stock transfer system gets a Pharmalife

A new internet-based trading platform enabling pharmacists to offer or purchase excess stock as been launched by Pharmalife, and is accessible via www.tradepharm.co.uk

The online information and procurement service will act as intermediary between buyer and seller, overseeing money transactions between both parties. For its services, Pharmalife will charge the seller a minimum of £13 or 13 per cent of any order.

"This is a true internet solution and we are trying to do as much of the process for the pharmacist as we can," said Gianpiero Celino, Pharmalife's business development manager.

Users of the stock transfer service have to be registered pharmacists, a fact that will be checked with the Royal Pharmaceutical Society when they register with the site.

The service, which can also be accessed via www.pharmalife.co.uk, is available both to independent pharmacists and retail chains. The latter can also opt for customising the system to their specific need by obtaining an individual licence from Pharmalife.

The company believes that the stock transfer system could potentially make available about £20 million currently sitting in UK pharmacies as excess or short-dated stock.

OTC move ahead for William Ransom

William Ransom & Son, one of Britain's oldest pharmaceutical companies, is planning to move into the OTC market through possible brand acquisitions and launching its own brand of products. A major launch is expected next January.

The move was spearheaded by the appointment of Kevin Robinson as general manager of the consumer healthcare division and Liz Badowska as its marketing manager. Both join the company from SmithKline Beecham.

Mr Robinson said the company had recently built up a strong reputation in contract manufacturing in the consumer healthcare arena and was now embarking on a significant growth phase.

"Initially, our primary focus will be to identify who the consumers of natural products are, and then build brands and categories around their requirements and natural health needs," Mr Robinson said.

Healthnet offers an open door to the internet

Healthnet members will be able to use the latest technology to gain constant internet connection at a fixed rate and increased speed.

The ADSL connection is around ten

S&N in joint venture with Beiersdorf

Smith and Nephew (S&N) has formed a joint venture combining its traditional woundcare, casting, bandaging and phlebology business with that of German company Beiersdorf AG.

The joint venture will have pro forma annual sales in excess of £300m. Both parent companies will own 50 per cent of the joint venture and a management team drawn from both companies will manage the business. S&N's group commercial director, Graham Siddle, will be chief executive and the company's headquarters will be in Germany.

In a separate move, S&N has acquired Beiersdorf's advanced woundcare business for £30m. The company also announced it was preparing to sell off its ear, nose and throat business in the next 12 months.

The announcements complete S&N's restructuring process, which is intended to give the company an increased focus on advanced medical devices.

ASA ruling puts a stop to under-arm advertising tactics

Elida Fabergé and Procter and Gamble (P&G) are involved in a bitter advertising battle over each other's cream antiperspirants.

Both companies lodged complaints with the Advertising Standards Authority (ASA) in relation to advertising campaigns for the competitor's product.

The issue at the heart of the battle was which product offered the 'strongest defence ever against wetness and odour' (Elida Fabergé on Sure Ultra Dry Cream anti-perspirant) or was 'the driest, most effective protection a woman can get' (P&G on Secret Satin Dry Cream anti-perspirant).

The ASA upheld all complaints in relation to both products and ordered the advertising to be amended accordingly.

"We do get a fair proportion of competitor complaints," said an ASA spokesman, putting the figure at around 11 per cent.

times faster than a traditional modem. Users are charged £99 per month for 24-7 internet connection. A once-off charge of £375 covers the installation of the BT router box and upgrading the customer's computer.

The company accepts that the majority of users of the 512 ADSL service will not be pharmacists, but says that pharmacists could benefit from the system. Video-streaming and keeping an eye on the various outlets in a chain via a web-camera were given as examples of possible uses.

● Healthnet now has around 4,500 members, an increase of 50 per cent since early September.

Keeping a weather eye on the pilot?

PharMed's new web site will provide regular updates on the company's attempt to secure one of the proposed ETP (electronic transfer of prescriptions) pilots. The updates could appear weekly when the pilot starts. The update section comes as part of a full redesign of PharMed's web site.

PharMed's newsletter *Voice* will now be online, plus a section containing results of PharMed's research studies and a diagram showing the message flow as proposed by PharMed.

"As the onset of ETP draws closer, we hope the new web site will keep those concerned up to date with developments," a spokeswoman said.

The site can be accessed on www.pharmed.org.uk

Having a splashing time....



Becoming the next Atlantis? C&A Brack Chemist in Stamford Bridge, near York

Flood waters lap only a few inches below the dispensing bench at C&A Brack Chemists in at Stamford Bridge near York. The floods first hit the pharmacy a week ago and the levels are still rising.

"Luckily we were warned and I think we managed to get most of our stock out before the waters rose," said Mrs Brack.

As the pharmacy is the only one in Stamford Bridge, the pharmacists had to resort to different measures in order to supply their patients with their urgently needed medicines.

Mrs Brack and her husband introduced a prescription collection service from the Donnington branch of the local GP surgery, which was also closed. Having dispensed the prescriptions in their second outlet in York, they then embarked on a 25 mile delivery round.

Any thoughts of re-opening the Stamford Bridge pharmacy will have to wait until at least the middle of next week, but Mrs Brack promises customers that the clean-up operation will be completed "as fast as is physi-

cally possible". She hoped it would start within 36 hours of the waters receding.

The Bracks are certainly no strangers to rising waters, as the same premises were caught in the floods last year. Yet another refit seems to be on the cards.

A NPA spokesperson said that the organisation had no clear indication yet of how many pharmacies were affected and would put in insurance claims. The picture should become clearer in the next couple of weeks.

The effects on the wholesalers seem to have been minimal, with both AAH Pharmaceuticals and UniChem reporting no disruptions at all. Mawdsley Brooks said that it had added an extra delivery van to the Stafford run, as floods had cut off the town centre. As Gary Perrin, Mawdsley's transport manager, explained, taking Stafford itself out of the normal run not only meant that three independent pharmacies in Stafford were supplied but there were no delays to deliveries in Cannock, where the van usually delivers to customers after leaving Stafford.

COMING EVENTS

NOVEMBER 14

Moray & Banff Branch, RPSGB, at The Laichmoray Hotel, 7.30pm.

Oxfordshire Branch, RPSGB, at the John Radcliffe Hospital, Oxford, 8pm. 'Coronary Heart Disease'.

Dudley & Stourbridge Branch, RPSGB, at the Medical Services Centre, Corbett Hospital, Stourbridge, 7.15 for 8pm. 'Malnutrition in Disease States'.

NICPPET, at the Aldergrove Airport Hotel, Antrim, 9.30am-5pm. 'Care of Malnourished and Enterally Fed Patients'.

NICPPET, at the Killyhevlin Hotel, Enniskillen, 8pm. 'Immunisation and Vaccinations'.

NICPPET, at The Lodge Hotel, Coleraine, 8pm. 'Immunisation and Vaccinations'.

NOVEMBER 15

Wirral Branch, RPSGB, at Clatterbridge Postgrad Medical Centre, 7.30 for 8pm. 'Infection and Antibiotic Resistance'.

NICPPET, at the Dunadry Hotel, Dunadry, 7pm. 'Smoking Cessation'.

NOVEMBER 16

Weald of Kent Branch, RPSGB, at the Jarvis International Hotel, Pembury, 7.30 for 8pm. 'NHS Direct - coming our way now'.

Fife and Eastern Scottish Branch, RPSGB, at Fernie Castle Hotel, Letham, 8pm. 'Rheumatology'.

Lanarkshire Branch, RPSGB, at The Strathclyde Hilton Hotel. 'Continuing Professional Development: the why and how'.

Bath Branch, RPSGB, at Pratts Hotel, Bath, 8pm. 'Aspects of contraception and Levonelle 2'.

NOVEMBER 18

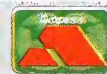
Wirral Branch, RPSGB, at The Thornton Hall. 'Pharmacists Centenary Dinner Dance'.



Norton Healthcare senior regulatory affairs officer Mei Lee Dymock recently accepted the Plain English Campaign Silver Standard award on behalf of the company, at a ceremony at Old Trafford stadium. The award was for its patient information leaflets. Norton believes that using plain English improves patient compliance and saves time for healthcare professionals

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Ailsa Colquhoun, editor of the leading pharmacy monthly, *Community Pharmacy*, is not a pharmacist, and says that has not held her back, and should not hold back anyone wanting to apply to edit the *Pharmaceutical Journal*



Among the many things Ailsa Benson, Georgina Craig and Sue Sharpe no doubt have in common, is the fact that they are all non-pharmacists playing senior roles as heads of departments within the National Pharmaceutical Association and the Royal Pharmaceutical Society respectively.

And, if lack of criticism in the columns of the pharmaceutical press is any measure, they – and the other 60 per cent of NPA's heads of department who do not hold a BPharm qualification – are also all judged effective in their different capacities by their peers in the profession.

Put them in a dispensary and ask them to provide safe and effective healthcare for their patients and it might be a different matter altogether. Fortunately, their jobs don't require them to do so.

In the same way, neither will the new editor of the *Pharmaceutical Journal* be required to dispense medicines to patients in the normal course of that position. The day-to-day role of editor requires skills such as staff management, and the ability to commission features, sub copy, page proof, collate visuals and pass pages for print.

A knowledge of the difference between QuarkXpress and Adobe Photoshop, a jpeg and a tiff file, leading, fonts and the vagaries of public relations companies might also come in useful.

Of course, writing for a specialist audience such as pharmacists

The Royal Pharmaceutical Society's *Pharmaceutical Journal* is looking for an editor to replace Doug Simpson, who retired in September. But must his replacement necessarily be a pharmacist? We look at both sides of the argument

To be or not to be... a pharmacist

requires the magazine to include content of an appropriate level, both technically and in terms of knowledge of the current issues.

A non-pharmacist would have to research the issues and ask for advice on areas of uncertainty, probably from the pharmacist members of the editorial team.

Is it so bad to recognise one's own limitations and seek advice from those better qualified? I would hope that any practising pharmacist in a similar situation of uncertainty would do the same thing – perhaps, in that case, avoiding a fatality.

The job of editor of the *PJ*, as the official journal of the profession, is also one of representing the profession externally and internally. Does any pharmacist attending a non-pharmacy industry event and thereby representing the profession, do so with a complete and absolute knowledge of every issue pertaining to pharmacy?

Of course not. But a non-pharmacist additionally brings an understanding and insight from other industries, a fresh perspective on things, that the pharmacist cannot and does not.

The Society says its policy is to recruit personnel, according to the skills they bring and the requirements of the vacant position. In the case of the editor of the *PJ* this could be a pharmacist, as it was for the position of secretary and registrar.

I would argue that it also might not be one. Perhaps, someone with either knowledge of, or actual working experience in, a professional pharmacy or other healthcare publication, who just happens not to hold a BPharm, might be better qualified? There are a few of us about, you know.

And, just for the record, the columns of the pharmaceutical press are regularly full of criticism of the Pharmaceutical Services Negotiating Committee – and five out of six of its full-time staff are pharmacists.

Douglas Simpson, former editor of the *Pharmaceutical Journal*, explains why his successor needs to be a pharmacist



I met a lot of pharmacists during my 35 years on the editorial staff of the *Pharmaceutical Journal*. Pretty early on in conversations the question was always asked: "Are you a pharmacist?" I was able (and pleased) to say that I was. The questioner was always reassured by my answer: I was like them; I understood; I was on their side. None of this was actually said, but body language and general demeanour told me that this was so. If a pharmacist then went on to complain about the shortcomings of government departments or the various professional bodies, including the Royal Pharmaceutical Society, then that was alright by me. At the very least, I gained a valuable insight into the thinking of the membership – the target audience whose needs the journal must serve above all others.

In essence, what I am saying is that it is essential that the editor of the *Pharmaceutical Journal* speaks the same language as the Society's members and understands their aspirations. The *Journal* is not separate from the profession. Its success is not judged in simple publishing terms. It is not a normal

commercial publication. Its success is bound up with that of the profession. If the profession succeeds, then so does the *Journal*.

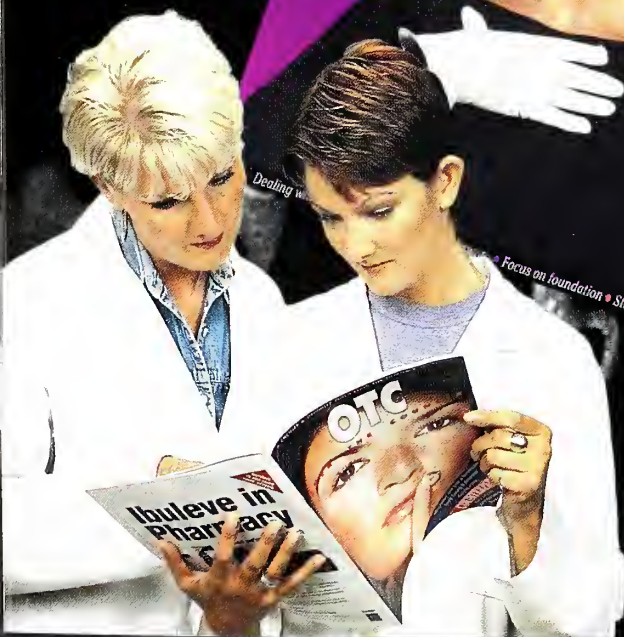
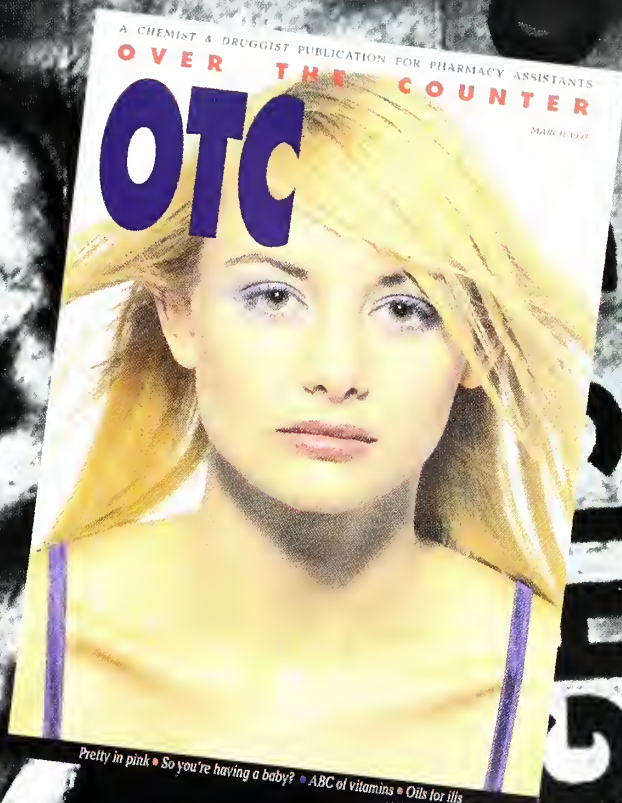
Indeed, it is part of the *Journal's* role to help pharmacists to succeed. It must gauge the needs of the profession and then seek to meet them. But further than that, the *Journal* has a leadership role. It can act as a focus for the development of ideas and seek to promote the best. In this, it may move ahead of the profession at times. I fail to see how a non-pharmacist could handle such a role. Some might say that the necessary insight could be delivered by an advisory board. But, to my mind, an editor dependent for his ideas on an advisory board is no kind of editor at all. Editing the *Journal* is a professional leadership role. A leader must have his own beliefs and ideas. The editor can be guided by a board, but he or she must take the initiative. Part of the editor's leadership role, of course, is directing the editorial team. For many years now the policy has been only to employ pharmacists for editorial work on the *PJ*. A non-pharmacist would find it very difficult to lead such a team. He or she would be dependent on other editorial staff for technical expertise.

The editorial staff, on the other hand, would have to do all the hand holding while not enjoying the standing of the person whose hand was being held. Staff would have to be very saintly to enjoy such a relationship. So, staff morale would become a problem. In my view, a non-pharmacist editor would react to that by seeking to create a comfort zone: he or she would appoint other non-pharmacists to senior positions. In a relatively short time, the character of the *Journal* would change. It would no longer be by members for members. It might look good, but it would lack a heart. Douglas Simpson joined the editorial staff of the *Pharmaceutical Journal* in 1965. He was appointed editor in 1987.

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